



Town of Arlington  
Department of Health and Human Services  
Office of the Board of Health  
27 Maple Street  
Arlington, MA 02476

Tel: (781) 316-3170  
Fax: (781) 316-3175

To Whom It May Concern:

Enclosed is a 2020 Recreational Camp Application for the Town of Arlington.

The Health Department hopes that all camp operators are staying well and healthy during the COVID-19 pandemic. As a result of the pandemic, the camp permitting process is different this year compared to past years. The Health Department is waiting on guidance from the State about the opening of camps but we are reaching out to you with the assumption that camps will likely be permitted to open at some point this summer. We are asking that you complete the application and return it to our Office so that we have it on file and ready for when recreational camps can open.

At this time we **DO NOT** want the permit fee submitted with the application. We will handle payment when we have more information and right before permits are issued.

Once we receive more guidance from the State we will contact you. Please consider how camp operations may differ this year. Policies for fewer campers, the use of social distancing and/or face coverings, increased sanitation measures, etc. may be necessary. Directives for such measures still need to be issued by the State.

**For your convenience you will find the following Mass Department of Public Health documents enclosed:**

- Massachusetts Department of Public Health Important Amendments to Regulation 105 CMR 430.000: Minimum Standards for Recreational Camps for Children
- Recreational Camp Operator Check-List
- Policy Statement Regarding Background Information Checks for Staff and Volunteers at Recreational Camps for Children
- Advisory Guidance on Medication Storage and Administration for Recreational Camps
- Sample Health Care Consultant Acknowledgement of On-Site Medications
- Advisory regarding the Parent/Guardian Authorization to Administer Medication to a Camper
- Required Immunizations for Children Attending Camp and Camp Staff
- "Meningococcal Disease and Camp Attendees: Commonly Asked Questions" **\*\*This document is required to be distributed to all parents or guardians of camp attendees at the time of initial enrollment.**
- Medication Administration Competency Skill Checklist
- DPH Standards for Training Health Care Supervisor in Medication Administration
- Camp Medication Administration Training/Test Checklist
- DPH Standards for Training Health Care Supervisor and Other Employees on Use of Epinephrine Auto-Injectors
- Authorization to Administer Medication to a Camper (completed by parent/guardian)
- Sample Daily Log for Medication Administration (complete for EACH medication)

- Recreational Camp Emergency Plans for Incidents and Natural Disasters
- Guidance for Implementing Regulation 105 CMR 432.000
- Regulation 105 CMR 432.000 - Guidance Checklist
- Important Webpage Links regarding Recreational Camps for Children
- Recreational Camp Injury Report Form

Additional guidelines for recreational camps can be found at the Mass Department of Public Health, [www.mass.gov/dph](http://www.mass.gov/dph) , on the Community Sanitation Program webpage.

If you have any questions, please feel free to contact this office.

Sincerely,

Kylee Sullivan  
Health Compliance Officer



Town of Arlington  
Department of Health and Human Services  
Office of the Board of Health  
27 Maple Street  
Arlington, MA 02476

Tel: (781) 316-3170  
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**2020 APPLICATION FOR A LICENSE TO CONDUCT  
A RECREATIONAL CAMP FOR CHILDREN**

Name of Camp: \_\_\_\_\_

Site Address: \_\_\_\_\_

Site Telephone: \_\_\_\_\_

Name of Camp Owner: \_\_\_\_\_

Office Address \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Camp Operator (if different): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Health Care Consultant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Type of Camp: \_\_\_\_\_ Day \_\_\_\_\_ Residential

Hours of Operation: \_\_\_\_\_

Dates of Operation: \_\_\_\_\_ Opening \_\_\_\_\_ Closing:

Swimming Pool: Yes \_\_\_\_\_ Pool Permit Number \_\_\_\_\_ No

Bathing Beach: Yes \_\_\_\_\_ No \_\_\_\_\_

Meals Provided: Yes \_\_\_\_\_ Food Permit Number \_\_\_\_\_ No

Signature of Applicant: \_\_\_\_\_

Official Title: \_\_\_\_\_ Date \_\_\_\_\_

**The following page is a list of documents that must be submitted with this application. All documents must be complete in order to process a permit.**

**Required Documentation:**

Please consult 105 CMR 430.000, MA Regulations for Minimum Standards for Recreational Camps for Children, State Sanitary Code, Chapter IV and all guidance documents, prior to filling out the application. Additionally, contact the Department of Public Health, Bureau of Environmental Health, Community Sanitation Program for any questions regarding the following documents:

- Staff information forms (e.g. - applications, contact information, health records, certifications, etc.)
- Procedures for the background review of staff and volunteers [105 CMR 430.090]
- A copy of promotional literature [105 CMR 430.190(C)]
- Procedures for reporting suspected child abuse or neglect [105 CMR 430.093]
- A camp health care policy [105 CMR 430.159(B)]
- A discipline policy [105 CMR 430.191]
- A fire evacuation plan – approved by the local fire department [105 CMR 430.210(A)]
- A written statement of compliance from the local fire department [105 CMR 430.215]
- A Disaster/Emergency plan [105 CMR 430.210(B)]
- A lost camper plan [105 CMR 430.210(C)]
- A lost swimmer plan (when applicable) [105 CMR 430.210(C)]
- A traffic control plan [105 CMR 430.210(D)]
- For Day Camps – contingency plans [105 CMR 430.211]
- For Field Trips – A written itinerary, including sources of emergency care, access to health records/medication/first aid kits and contingency plans to be provided to the parents/guardians prior to departure [105 CMR 430.212]
- A current certificate of inspection from the local building inspector [105 CMR 430.451]
- If applying for an initial license after January 1, 2000 – the lab analysis of a private well water supply source (if applicable) [105 CMR 430.300,.303]

**Please note:**

If you are applying for an original camp license, that is, the original camp license in each community where the camp is located, you must file a plan showing the following with the board of health at least 90 days before your desired opening date (See MGL Ch. 140 s. 32A):

- Buildings, structures, fixtures and facilities
- Proposed source of water supply
- Works for disposal or sewage and waste water

**Camp Director**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Coursework in camping administration: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous camp administration experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Health Care Consultant**

Name: \_\_\_\_\_

Type of Medical License (must be a physician, nurse practitioner, or physician assistant  
with pediatric training): \_\_\_\_\_

MA License Number: \_\_\_\_\_

**Health Supervisor**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Type of Medical License, Registration or Training (See 105 CMR 430.159(C): \_\_\_\_\_

\_\_\_\_\_

**Aquatics Director**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Lifeguard Certificate issued by: \_\_\_\_\_

Expiration date: \_\_\_\_\_

American Red Cross CPR Certificate: \_\_\_\_\_

Expiration date: \_\_\_\_\_

American First Aid Certificate: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Previous aquatics supervisory experience: \_\_\_\_\_

\_\_\_\_\_

**Attach** the names, ages, applicable current certifications (if any), such as First Aid, and the anticipated role at the camp of all supervisory staff (see below). Use as many pages as necessary to complete this.

**Supervisory staff** means those persons with the responsibility, authority and training to provide direct supervision to camper groups. This may include counselors, junior counselors, general activity leaders or other staff who provide supervision to campers.

# **Massachusetts Department of Public Health**

## ***Guidance for Implementing Regulation 105 CMR 432.000***

May 12, 2017

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Based on Massachusetts General Law (M.G.L.) c. 111, §127A½, commonly referred to as “Christian’s Law”, and the Massachusetts Department of Public Health’s (Department) previously issued guidance on Christian’s Law, the Department has promulgated regulation 105 CMR 432.000: “Minimum Requirements for Personal Flotation Devices for Minor Children at Municipal and Recreational Programs and Camps”, effective May 5, 2017. The law and regulations only apply to swimming or diving areas at marine or freshwater beaches and explicitly exclude swimming pools, wading pools, and other artificial bodies of water. In addition, the Department is issuing this guidance document to support compliance with the regulation, to provide associated best practices and to help assist municipal and recreational programs and camps implementing provisions of the regulation.

According to M.G.L. c. 111, §127A½, all municipal and recreational programs and licensed camps must:

- 1) Determine each minor’s swimming ability prior to allowing participation in swimming activities;
- 2) Make available properly sized and snug fitting Type I, II, or III personal flotation devices (PFD) to all minor children who have been determined to be a non-swimmer or at-risk swimmer; and
- 3) Accept a PFD provided by a parent or guardian of a minor for the minor to use while in attendance at the program or camp.

### **Swim Ability Determination:**

Christian’s Law, in part, requires that municipal and recreational programs and licensed camps determine each participating minor’s swimming ability, prior to or at the first swimming session, in order to identify and classify non-swimmers and at-risk swimmers. If municipal and recreational programs and licensed camps determine that all participants are assumed to be non-swimmers, and ensure properly fitting PFDs are available to all minors engaged in swimming activities within areas classified for non-swimmers, then swim tests are not required.

- Based on input from water safety professionals, individuals who do not meet criteria for a Red Cross Level 3 swim rating or a YMCA Minnow shall be classified as a “non-swimmer” and individuals who may or may not have met the criteria for a Red Cross Level 3 swim rating or the YMCA Minnow, but have been determined to have a physical, psychological, medical, or cognitive disability that could negatively impact his or her swimming ability, shall be classified as an “at-risk swimmer”.
- All minors, including program or camp participants, staff, volunteers, and Counselors in Training (CIT), need to be swim tested, at a minimum once per summer, to determine swimming ability.
- In accordance with the regulations, swim tests shall be conducted or overseen by a trained Certified Swim Instructor (CSI) that holds appropriate certifications from a nationally recognized swim instructor program, such as the American Red Cross (ARC) or the YMCA, or an equivalent certificate, as determined by the Department. A lifeguard maintaining current requirements as outlined in the regulations may also conduct swim tests as a Swim Assessor if they have previously observed one and participated in one annual swim test training conducted by a CSI.

- Swim testing needs to be conducted at the same or a comparable location to where the swimming activities will occur unless the municipal and recreational program or licensed camp provides dedicated lifeguards at the marine of freshwater beach where swimming will occur, in which case swim testing may be conducted at a swimming pool prior to the swimming activities.
- Swim tests must be conducted under close supervision and without the use of a PFD. If a parent or guardian provides a PFD for their child, the municipal and recreation program or licensed camp should confirm with the parent or guardian, prior to any swim testing, that this testing will be conducted without the use of the PFD.
- The Department has created the “Swim and Fit Test Model Documentation Form” as an option for the operators to document and track swim testing and PFD fit tests. The form provides for individualized documentation for each minor being swim and fit tested, or who has been provided a PFD from a parent or guardian, and is available on the Department’s website.

### **Identifying Non-Swimmers and At-Risk Swimmers**

Non-swimmers and at-risk swimmers need to be identified whenever they are at a swimming or diving area, in accordance with 105 CMR 432.400(A)(8). Below are several examples of how municipal and recreational programs or licensed camps may choose to accomplish this:

- Providing colored wrist bands that are not easily transferred between each child to identify their swimming ability; or
- Providing non-toxic, waterproof, temporary tattoos with U.S. Food & Drug Administration (FDA) certification for dyes/colorants and compliance with Consumer Product and Safety Commission (CPSC) and American Society of Testing Materials (ASTM) requirements;
  - Temporary tattoos that are digitally printed (with computer inks) on temporary tattoo transfer paper and Henna-based temporary tattoos should not be used; or
- Any other method including swim markers designed with FDA compliant, toxic-free cosmetic ingredients which allows for an easy identification to differentiate between non-swimmers, at-risk swimmers and other classified swimmers;
  - Alcohol-based skin ink hand stamps should not be used.

The identification process should be clearly outlined and documented in the municipal and recreational program or licensed camp’s policies and procedures.

### **Confinement to Dedicated Swimming Areas**

Christian’s Law requires municipal and recreational programs and licensed camps to ensure all participants, including non-swimmers and at-risk swimmers that are either determined through a swim test or designated as such by the program or camp operator, as well as minors whose parents or guardians have provided a PFD for their child, be confined to swimming areas consistent with the limits of their swimming skills or to swimming areas requiring lesser skills than those for which they have been classified. All swimming areas shall be permitted and meet the requirements of regulation 105 CMR 445.000: Minimum Standards for Bathing Beaches (State Sanitary Code, Chapter VII).

- In order to properly identify confinement areas at the swimming site, the Department suggests that the municipal and recreational program or licensed camp operator create a waterfront site plan for identification and training purposes. This site plan should include all natural and artificial barriers and boundaries of the swimming or diving area, including but not limited to rocks, trees, drop-offs, buoys, ropes, docks, diving board platforms, and slides, which should clearly outline the areas in which specified swimmers, non-swimmers and at-risk swimmers have

access. This site plan may be posted at the swimming or diving area, utilized as part of staff orientations, and maintained with other records in accordance with 105 CMR 432.000.

- Additionally, the Department suggests each municipal and recreational program and licensed camp consider implementing a “buddy system” for all minors who are participating in swimming or diving activities.
  - A buddy system is designed to pair or team-up two people, referred to as “buddies”, to stay together and be responsible for keeping track of each other, as well as let someone know if either needs assistance or can’t be located while at the waterfront. The buddies act as a single unit in order to monitor and help each other during swimming or diving activities.
  - Buddies should be teamed up based on similar swimming ability; it is not advisable to team up a swimmer with a non-swimmer or at-risk swimmer.
  - A “buddy check” should be performed approximately every 15 minutes. After a designated signal like blowing a whistle, all swimming or diving should stop and each minor then instructed to go to their established buddy, stand in the water, and hold their buddies hand high in the air while the lifeguard and other counselors ensure everyone is accounted for. Once the count is confirmed swimming or diving may resume.
- The Department recommends contacting marine beach operators to inquire about existing local bylaws, ordinances, or regulations prohibiting the use of PFDs due to water current, and undertow concerns, prior to scheduling any swimming activities.

#### **Ensuring PFDs are Made Available:**

Christian’s Law requires that municipal and recreational programs and licensed camps have a system in place to make PFDs available to non-swimmers and at-risk swimmers, and requires programs and camps to accept a PFD from a parent or legal guardian for their child to use when these programs or licensed camps conduct swimming or waterfront activities at fresh or saltwater beaches.

- Operators of municipal and recreational programs and licensed camps may maintain their own inventory of PFDs or have them provided by a beach operator, in which case the program operator must secure a written agreement for the amount and the condition of the PFDs.
- The PFDs should be accessible for staff to distribute to participants at or en-route to the swimming or diving area and only after a determination has been made on swimming ability.
- All PFDs, including those provided by a parent or guardian, need to be U.S. Coast Guard (USCG) certified according to type (I, II, III), size, and buoyancy, in serviceable condition and properly fitted to each individual prior to being used for the first time.
  - A PFD shall not have rips, tears, holes, visible mold or mildew odor, signs of waterlogging, damaged seams, straps or hardware, or any shrinkage or leaks in buoyant material.
  - All PFDs maintained on-site during the season should be stored in an area with adequate natural or mechanical ventilation, in order to ensure a proper drying process between use. Once the season is over, the PFDs should be thoroughly dried and then stored in an area where they are maintained dry until the following season.
  - The serviceable condition of each PFD must be inspected annually, preferably at the beginning or end of the season prior to off-season storage, however it is recommended that more frequent inspections are conducted with a procedure in place for properly disposing any that are not determined to be in serviceable condition.



## **Regulation 105 CMR 432.000 - Guidance Checklist**

**Municipal and Recreational Program or Camp Name:**

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**Address:** \_\_\_\_\_

**Operator/Director:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

***Check if present:***

- ☐ Policies, procedures and records pursuant to 432.400 are current and readily available.
- ☐ Orientation plan for staff and volunteers includes compliance with 105 CMR 432.000.
- ☐ Training and certification for Certified Swim Instructors and Swim Assessors, including swim test observation and participation dates.
- ☐ Documentation of individuals successfully completing PFD fit test training.
- ☐ Current inventory of PFDs for use by designated non-swimmers and at-risk swimmers.
- ☐ PFDs readily available and in serviceable condition.
- ☐ If applicable, confirmation of third party provision of PFDs (e.g. – copy of contract).
- ☐ Storage facility (permanent/mobile) protecting PFDs from the elements and providing adequate ventilation.
- ☐ Swim ability determinations conducted for all minors and documented appropriately.
- ☐ Site-specific procedures to confine participants to areas consistent with their swimming abilities.
- ☐ If applicable, a procedure for managing PFDs provided by a parent or legal guardian.
- ☐ If applicable, a procedure for contacting a parent or legal guardian that provides a PFD that does not fit properly or is not in serviceable condition.
- ☐ Identification system utilized to verify non-swimmers and at-risk swimmers at swimming venue.

- Information on the types of PFDs, size selection, and tips for determining & maintaining a PFD in serviceable condition are available directly from the USCG website at:

**[http://www.uscgboating.org/safety/life\\_jacket\\_wear\\_wearing\\_your\\_life\\_jacket.aspx](http://www.uscgboating.org/safety/life_jacket_wear_wearing_your_life_jacket.aspx)**

[All spaces represent an underscore character “\_” in the website address.]

- When a PFD is used by a minor, either when one is provided by a program or camp or when one is dropped off by a parent or legal guardian, trained staff at municipal and recreational programs and licensed camps shall ensure the PFD is properly sized according to manufacturer’s guidelines for height and weight, securely fastened and assessed for a proper fit prior to each swimming activity.
- The Department recommends that all staff be trained for PFD fit testing by reviewing the short guidance video provided by the Department with assistance from the U.S. Coast Guard Auxiliary and Massachusetts Parks/Department of Conservation & Recreation. A link to the video can be found at the website below:

<http://www.mass.gov/eohhs/gov/departments/dph/programs/environmental-health/comm-sanitation/christians-law.html>

- Non-swimmers, at-risk swimmers, and participants whose parents or legal guardians have provided a PFD for their child and are aware of the conditions, do not need to wear a PFD during closely supervised swim tests, swimming lessons, and other closely supervised non-swimming beach waterfront activities, including wading in shallow water where the water depth is less than two feet; however a PFD should be worn for all other swimming activities, and whenever minors are on a dock. “Closely supervised,” non-swimming activities should be supervised by adults at a ratio of one adult for every five minors below age 7 and at a ratio of one to 10 for all minors age 7 and above.
- A PFD should never be worn during any diving activities.
- A participant should not be allowed to swim if a parent or guardian provides a PFD that does not fit properly or is not in serviceable condition and permission should be provided by the parent or guardian before an alternative PFD is issued.
- The Department has also created the “Regulation 105 CMR 432.000 – Guidance Checklist” which is available on the Department’s website, to assist all stakeholders with meeting the overall requirements of the regulations.

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For more information please visit the MDPH – Community Sanitation Program website [www.mass.gov/dph/dcs](http://www.mass.gov/dph/dcs) or contact the Massachusetts Department of Public Health, Bureau of Environmental Health at **617-624-5757**.



## **Recreational Camp Operator Check-List**

Recreational camps are required to develop and implement numerous site-specific policies and procedures, and to ensure that staff members are properly trained in all of them. Prior to the arrival of campers, camp operators must conduct an orientation where hands-on training can take place regarding programmatic aspects of the camp along with other required important policies and procedures. Below is a list of the documents that a camp may be required to have, along with a check-list to facilitate record keeping provisions and compliance. If you have questions as to whether a particular camp must have a certain plan, please contact your local board of health.

<b>Documentation to Have on File</b>	<b>All Camps</b>	<b>Only If Applicable</b>
Staff information forms (e.g. - applications, contact information, health records, certifications, etc.)	✓	
Procedures for the background review of staff and volunteers [105 CMR 430.090]	✓	
A copy of promotional literature [105 CMR 430.190(C)]		✓
Procedures for reporting suspected child abuse or neglect [105 CMR 430.093]	✓	
A camp health care policy [105 CMR 430.159(B)]	✓	
A discipline policy [105 CMR 430.191]	✓	
A fire evacuation plan – approved by the local fire department [105 CMR 430.210(A)]	✓	
A written statement of compliance from the local fire department [105 CMR 430.215]	✓	
A Disaster/Emergency plan [105 CMR 430.210(B)]	✓	
A lost camper plan [105 CMR 430.210(C)]	✓	
A lost swimmer plan (when applicable) [105 CMR 430.210(C)]		✓
A traffic control plan [105 CMR 430.210(D)]	✓	
For Day Camps – contingency plans [105 CMR 430.211]		✓
For Field Trips – A written itinerary, including sources of emergency care, access to health records/medication/first aid kits and contingency plans to be provided to the parents/guardians prior to departure [105 CMR 430.212]		✓
A current certificate of inspection from the local building inspector [105 CMR 430.451]	✓	
If applying for an initial license after January 1, 2000 – the lab analysis of a private well water supply source (if applicable) [105 CMR 430.300]		✓



## **Recreational Camp Operator Check-List**

### **Licensing:**

**Complete    N/A**

Contact the local <u>Board of Health / Health Department</u> regarding annual licensing at least 90 days prior to opening. <sup>1</sup>		
Contact the Municipal <u>Building and Fire Departments</u> for a facility annual inspection <b>OR</b> obtain a copy of the Municipal Building and Fire Departments annual inspection of the facility.		

### **Policies and Procedures:**

**Complete    N/A**

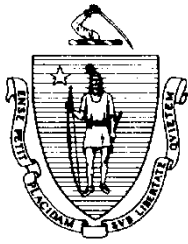
Develop / Review / Update all required recreational camp policies and procedures.		
Review compliance with all associated regulations (food service, pools, beaches, medical waste, etc.).		
Review field trip itineraries, policies & procedures, staffing, and first aid kits.		
Review emergency plans, ensure adequate staff training, and conduct fire drills.		
Review all specialized high risk activities, including aquatics, have plans and staff in place.		
Ensure all facilities being maintained in good order (housekeeping, sanitation, egress, etc.).		

### **Staff:**

**Complete    N/A**

Obtain applications, conduct background checks (including CORI/SORI) for all staff and volunteers, and finalize hiring.		
Obtain health records for all staff & campers, identify required medications for HCC.		
Finalize Health Care Consultant (HCC) Agreement; ensure health care policies are reviewed & signed.		
Ensure adequate on-site health care supervisor(s) in-place and trained by HCC (as applicable).		
Develop agenda for staff / volunteer orientation and all required training to be completed.		

<sup>1</sup> **Please note:** When seeking a recreational camp license for each community where the camp is located, an applicant shall file an application with the Board of Health at least 90 days prior to the desired opening date, using a form provided by the Department or available from the Board of Health documenting all required information, including, but not limited to, a plan showing the buildings, structures, fixtures and facilities, as needed. [105 CMR 430.631]



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**Policy Statement Regarding Background Information Checks for  
Staff and Volunteers at Recreational Camps for Children**

The following information is intended to assist camp operators and boards of health in the interpretation of 105 CMR 430.090 regarding background checks for staff and volunteers at recreational camps for children. **Note:** No person can be employed or volunteer at a camp until the operator has obtained, reviewed and made a determination concerning all background information required at 105 CMR 430.090 (C) and (D) as summarized below.

Please note that the information contained in this document reflects the requirement of M.G.L. c. 6 §172G that camp operators obtain all available criminal offender record information and juvenile data as found in the court activity record for all prospective employees or volunteers prior to employment or volunteer service, and M.G.L. c. 6 §172 requirement that camp operators share this criminal offender record information with the government entities (e.g. - health agents) charged with overseeing, supervising, or regulating them.

The information given below is categorized by the residence of the prospective staff person as well as, volunteer. Follow the steps noted below to obtain background information for that person.

**Staff Person** - any individual employed by a recreational camp for children:

**1. MA Resident**

- A. Prior work history for previous five (5) years including, a name, address and phone number of a contact person at each place of employment.
- B. Three (3) positive reference checks from individuals not related to the staff person.
- C. Obtain criminal offender record information and juvenile report (CORI/Juvenile Report) from the Massachusetts Department of Criminal Justice Information Services (DCJIS).
- D. Sex offender registry information (SORI) check from the Massachusetts Sex Offender Registry Board (SORB).

**2. Out of State Resident - Staff person whose permanent residence is outside MA**

- A. Prior work history for previous five (5) years including, a name, address and phone number of a contact person at each place of employment.
- B. Three (3) positive reference checks from individuals not related to the staff person.
- C. Obtain CORI/Juvenile Report from the Massachusetts DCJIS.
- D. SORI check from the Massachusetts Sex Offender Registry Board.
- E. Obtain a criminal record check, or equivalent where practicable\*, from the staff person's state of residence. Information can be obtained from the state's criminal information system, local chief of police, or other local authority with relevant information. Additionally, a national background check (e.g. - fingerprints) will also be acceptable. The availability and process for obtaining criminal history information from the other states can be found at <http://www.mass.gov/eopss/crime-prev-personal-sfty/bkgd-check/cori/request-rec/requesting-out-of-state-criminal-records.html>.

### **3. International Resident - Staff person who currently lives outside of the United States**

- A. Prior work history for previous five (5) years including a name, address and phone number of a contact person at each place of employment.
- B. Three (3) positive reference checks from individuals not related to the staff person.
- C. Obtain CORI/Juvenile Report from the Massachusetts DCJIS.
- D. Obtain a criminal record check, or equivalent where practicable<sup>\*</sup>, from the staff person's country of residence. Information can be obtained from the country's criminal information system, local chief of police, or other local authority with relevant information.
- E. International staff(s) who have previously **been in the United States**: obtain a SORI check from the Massachusetts Sex Offender Registry Board.

**Note on Permanent Staff:** If there is no interruption in the staff person's employment by the camp or organization operating the camp from the time of the initial background check, **a new criminal or sex offender history is required at a minimum of every three years**. This applies only to permanent employees of the same camp/organization. Any break in employment service at any time during the year requires a new criminal history and SORI check for the staff person. An individual returning from one summer to the next, but not employed during the year is not considered a permanent staff person; therefore the camp must complete new criminal history and SORI checks.

**Note on Returning Staff:** Returning staff may use references on record with the camp from the preceding year to satisfy the requirements of 105 CMR 430.090 (C) (noted as step B within the categories above). However, if there is a gap in employment with the camp for at least one camp season, new references shall be required.

<sup>\*</sup> *Where practicable means*, if the out of state or foreign jurisdiction notifies the camp in writing that no criminal background check or recognized equivalent is available from the jurisdiction, then the prospective staff person/volunteer, if s/he has completed all other requirements of 105 CMR 430.090, is deemed to be in compliance with 105 CMR 430.090. In addition, provided that the camp operator documents: (1) that s/he has timely requested the criminal history check from the appropriate jurisdiction (proof of mailing by certified mail) and that the requested authority failed to answer in writing; and (2) the completion of, at a minimum, all other requirements of 105 CMR 430.090; and (3) for international staff screened by an agency, a certification by the agency that a thorough background check was completed and that no criminal report from the staff person's local jurisdiction is available, then the prospective staff member, is deemed to be in compliance with 105 CMR 430.090.

**Volunteers** - any person who works in an unpaid capacity at a recreational camp for children:

#### **1. All Volunteers**

- A. Prior work or volunteer history for previous five (5) years including a name, address and phone number of a contact person at each place of employment or place of volunteer service.
- B. Obtain CORI/Juvenile Report from the Massachusetts DCJIS.
- C. SORI check from the Massachusetts Sex Offender Registry Board.

Criminal records and SORI checks must be kept separate from general camp paperwork and must only be accessed by individuals that are authorized to review it. If camps store the information at a location different from the camp, for example in a central office, the camp must arrange for the documents to be at the camp for the initial inspection for licensure. If the documents are not on site at the time of the inspection, it will be necessary for the camp to arrange another time for the inspector to review the documents.

If you have questions about the CORI or SORI check process, or about the information a camp receives from the DCJIS or SORB, please contact the appropriate agency below:

#### **Department of Criminal Justice Information Services**

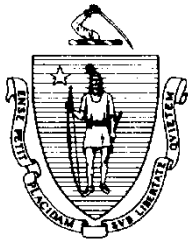
617-660-4600

<https://www.mass.gov/how-to/cori-forms-and-information.html>

#### **Sex Offender Registry Board**

978-740-6400

<https://www.mass.gov/orgs/sex-offender-registry-board>



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Bureau of Environmental Health  
Community Sanitation Program  
250 Washington Street, Boston, MA 02108-4619  
Phone: 617-624-5757 Fax: 617-624-5777  
TTY: 617-624-5286

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[www.mass.gov/dph](http://www.mass.gov/dph)

## **Advisory**

### **Guidance on Medication Storage and Administration for Recreational Camps**

This document summarizes the requirements for the storage and administration of medications at recreational camps for children in Massachusetts (see 105 CMR 430.159 and 105 CMR 430.160), including the roles of the health care consultant and health care supervisor.

#### **Each recreational camp is required to:**

- ✓ Have a health care policy and written procedures for medication administration;<sup>1</sup>
- ✓ Obtain written permission from the parent/guardian for administration of any medications by staff and for campers to self-administer certain medications;
- ✓ Provide for secure storage of refrigerated and unrefrigerated medication;
- ✓ Engage at least one Health Care Consultant and at least one Health Care Supervisor to fulfill duties described below

This guidance is designed to provide further detail on these requirements.

#### **Requirements and Duties of the Health Care Consultant**

Every camp must have a health care consultant who is a licensed physician, registered nurse or nurse practitioner, or a physician's assistant with documented pediatric training.

Consistent with the requirements of the 105 CMR 430.159 and 105 CMR 430.160, the camp must engage a health care consultant to:

- 1) Assist in developing the camp's health care policy, including medication storage and handling of health emergencies;
- 2) Develop and oversee a written policy for administering medications, including written medication administration orders to be followed by the health care supervisor and a list of any prescription or over-the-counter medications that will be administered at camp.
- 3) Be available for consultation at all times or provide appropriate professional coverage. The camp must be informed that there will be substitute coverage;

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<sup>1</sup> Please note that the Americans with Disabilities Act (ADA) requires that all children be given equal access to recreational camps. Therefore, a recreational camp that refuses admission of a camper based on a camper's need to take medication, has a no medications policy, or refuses to accommodate a disabled camper requiring medication administration, may be in violation of the ADA. For more information regarding ADA compliance, please visit the U.S. Department of Justice website at [www.usdoj.gov](http://www.usdoj.gov).

- 4) Provide and document the required DPH-approved training to health care supervisors on administering medications, the signs and symptoms of hypo or hyperglycemia, and appropriate diabetes management plans; and
- 5) Provide and document the required DPH-approved training and test of competency to all camp employees designated to administer epinephrine auto-injectors.

### **Requirements and Duties of the Health Care Supervisor**

Every camp must have at least one health care supervisor. The health care supervisor should be a licensed physician or practical nurse, a registered nurse, a certified nurse practitioner or a licensed physician's assistant; but at a minimum, must be at least 18 years of age, specially trained in first aid (at least current American Red Cross Standard First Aid certification or its equivalent) and CPR, and must have successfully completed all trainings provided by the health care consultant.

- **EXCEPTION:** In camps specifically for children with mild or severe disabilities, medical specialty camps or residential camps where the number of staff and campers totals 150 or greater, the health care supervisor must be a licensed physician or practical nurse, a registered nurse, a certified nurse practitioner or a licensed physician's assistant.

Consistent with the requirements in 105 CMR 430.159 and 105 CMR 430.160, the camp must employ at least one health care supervisor to:

- 1) Be present at the camp at all times and be available to render emergency first aid;
- 2) Be responsible for the day to day operation of the camp's health program, including medication administration in accordance with the orders of the health care consultant and with permission of the parent/guardian; and
- 3) Support blood monitoring activities and self-injection of insulin of diabetic children, if the health care supervisor has relevant training and with permission of the parent/guardian.

### **Requirements of the Written Medication Administration Policy:**

The medication administration policy must include, but is not limited to, the following:

- 1) A list of individuals at the camp authorized by scope of practice to administer medications and/or properly trained or instructed health care supervisors that may administer **oral or topical** medications;
- 2) A list of all medications that will be administered at the camp;
- 3) Requirement that parent/guardian permission be obtained for any administration of medication;
- 4) Requirement that medication must be taken from an original container and administered directly to the camper, and a procedure to ensure positive identification of each camper who is to receive medication; and
- 5) Procedure addressing the circumstances in which a camper or other employee may administer **epinephrine** injections based upon the following requirements:
  - a. A camper prescribed an epinephrine auto-injector for a known allergy or pre-existing medical condition may self-administer and carry an epinephrine auto-injector with him or her at all times for the purposes of self-administration if:
    - i. The camper is capable of self-administration; **and**
    - ii. Both the health care consultant and camper's parent/guardian have given written approval



- b. A camper prescribed an epinephrine auto-injector for a known allergy or pre-existing medical condition may receive an epinephrine auto-injection from someone who may give injections within their scope of practice, or from a camp employee if:
      - i. Both the health care consultant and camper's parent/guardian have given written approval; **and**
      - ii. The employee has completed a training developed by the camp's health care consultant in accordance with the requirements in 105 CMR 430.160.
- 6) Procedure addressing the circumstances in which a camper may self-administer **insulin** injections based upon the following requirements:
  - a. A diabetic camper that requires his or her blood sugar be monitored, or requires insulin injections may self-monitor and/or self-inject himself or herself if:
    - i. The camper is capable of self-monitoring or injecting; **and**
    - ii. Both the health care consultant and camper's parent/guardian have given written approval.
  - b. Self-injection must take place in the presence of the **health care consultant or health care supervisor** who may support the camper's process of self-administration.
- 7) The circumstances under which the health care consultant and/or parent/guardian must be notified. These must include mechanisms for timely notification of a parent/guardian when medication was not administered in accordance with the prescription (e.g., medication not available; missed dose; dose refused) and a procedure to ensure these circumstances are identified when they occur.

#### **Requirements for Storage, Disposal and Delivery of Medication**

- **Storage:** All medications must be stored in a secure manner or under the direct control of the health care consultant, health care supervisor, or camper authorized to self-administer.
  - The health care policy must include the designated secure locations where refrigerated and unrefrigerated medication will be stored and the procedures for ensuring proper storage conditions for medications, including the use of thermometers to monitor the temperature of refrigerated medications.
  - Prescribed medication must always be kept in an original pharmacy container. Repackaging of medication and intermediary or substitute containers is NOT allowed.<sup>2</sup> Camp personnel cannot transfer medications from one bottle to another.
  - Medication can be taken from the camp on a trip, but may not be repackaged. To ensure repackaging does not occur:
    - The original prescription container can be taken from the camp base as long as the medication remains in a locked case, in the possession of the licensed health care professional or the supervisor until return to the home base of the camp.
    - The camp operator may require that parents/guardians supply the camp with two (2) original prescription containers for each type of prescription medication necessary for their child. Each container would have an allotment of medication that would allow one container of medication to remain at the camp base and the second bottle to travel securely as described in the bullet above.

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<sup>2</sup> If medication is dispensed by a pharmacy in customized packaging (e.g., different medications packaged together for one patient in a sealed unit for administration together), all relevant staff should be appropriately trained in the management and utilization of such packaging. The camp should verify with the pharmacy that such customized packaging meets DPH/Board of Registration in Pharmacy requirements for packaging and labeling.

- **Disposal:** When no longer needed, medications must be returned to a parent or guardian whenever possible. If the medication cannot be returned, it must be properly disposed of in accordance with state and federal laws and be documented in writing in a medication disposal log.
  - The camp must dispose of any hypodermic needles and syringes in accordance with 105 CMR 480.000: Minimum Requirements for the Management of Medical or Biological Waste (State Sanitary Code VIII).
- **Delivery:**
  - The health care supervisor, health care consultant or a licensed health care professional may accept delivery of prescription medications from a parent/guardian or may pick up prescription medications from a licensed retail pharmacy upon the written authorization of the parent/guardian.
  - A camp may not arrange for or accept delivery of prescription medications directly from a pharmacy, except in the case in which only licensed health care professionals receive, manage and administer medications to campers.
  - If prescription medications are to be delivered to such a camp by a licensed pharmacy:
    - only a licensed health care professional may accept delivery from the licensed pharmacy; and
    - the camp must obtain written authorization for such delivery from the parent/guardian.

Regardless of the mode of delivery, medications must be delivered and maintained at all times in the original container as dispensed by the licensed pharmacy. All packaging and labeling should be in accordance with the most recent guidelines of the U.S. Pharmacopeia (USP).



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Department of Public Health  
Bureau of Infectious Disease and Laboratory Sciences  
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**To:** Camp Directors  
**From:** Pejman Talebian, MA, MPH, Director, Immunization Division  
**Date:** March 2019  
**Subject:** Required Immunizations for Children Attending Camp and Camp Staff

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Vaccination is critically important to control the spread of vaccine-preventable disease. In 2017, a single case of mumps at a summer camp in Massachusetts resulted in isolation of ill individuals, vaccination of those without evidence of two doses of MMR vaccine at several camps, and quarantine of those who did not have evidence of immunity to mumps and who could not get vaccinated. International staff and campers with missing or incomplete vaccination records made rapid implementation of disease control measures very challenging. The current increase in measles cases across the country and around the world highlight the need for complete vaccine documentation for campers and staff.

### Required Vaccines:

Minimum Standards for Recreational Camps for Children, 105 CMR 430.152, has been updated. Immunization requirements for children attending camp follow the Massachusetts school immunization requirements, as outlined in the [Massachusetts School Immunization Requirements](#) table. Children should meet the immunization requirements for the grade they will enter in the school year following their camp session. Children attending camp who are not yet school aged should follow the Childcare/Preschool immunization requirements included on the School Immunization Requirements table.

Campers, staff and volunteers who are 18 years of age and older should follow the immunizations outlined in the document, [Adult Occupational Immunizations](#).

The following page includes portions of the Massachusetts School Immunization Requirements table and Adult Occupational Immunizations table relevant for camps.

If you have any questions about vaccines, immunization recommendations, or suspect or confirmed cases of disease, please contact the MDPH Immunization Program at 888-658-2850 or 617-983-6800. Address questions about enforcement with your legal counsel; enforcement of requirements is at the local level.

## Grades Kindergarten – 6

In ungraded classrooms, Kindergarten requirements apply to all students ≥5 years.

DTaP	<b>5 doses;</b> 4 doses are acceptable if the 4 <sup>th</sup> dose is given on or after the 4 <sup>th</sup> birthday. DT is only acceptable with a letter stating a medical contraindication to DTap.
Polio	<b>4 doses;</b> 4 <sup>th</sup> dose must be given on or after the 4 <sup>th</sup> birthday and ≥6 months after the previous dose, or a 5 <sup>th</sup> dose is required. 3 doses are acceptable if the 3 <sup>rd</sup> dose is given on or after the 4 <sup>th</sup> birthday and ≥6 months after the previous dose.
Hepatitis B	<b>3 doses;</b> laboratory evidence of immunity acceptable
MMR	<b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and the 2 <sup>nd</sup> dose must be given ≥28 days after dose 1; laboratory evidence of immunity acceptable
Varicella	<b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and 2 <sup>nd</sup> dose must be given ≥28 days after dose 1; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

## Grades 7 – 12

In ungraded classrooms, Grade 7 requirements apply to all students ≥12 years.

Tdap	<b>1 dose;</b> and history of DTap primary series or age appropriate catch-up vaccination. Tdap given at ≥7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule. Td should be given if it has been ≥10 years since Tdap.
Polio	<b>4 doses;</b> 4 <sup>th</sup> dose must be given on or after the 4 <sup>th</sup> birthday and ≥6 months after the previous dose, or a 5 <sup>th</sup> dose is required. 3 doses are acceptable if the 3 <sup>rd</sup> dose is given on or after the 4 <sup>th</sup> birthday and ≥6 months after the previous dose.
Hepatitis B	<b>3 doses;</b> laboratory evidence of immunity acceptable. 2 doses of Heplisav-B given on or after 18 years of age are acceptable.
MMR	<b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and the 2 <sup>nd</sup> dose must be given ≥28 days after dose 1; laboratory evidence of immunity acceptable
Varicella	<b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and 2 <sup>nd</sup> dose must be given ≥28 days after dose 1; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

## Campers, staff and volunteers 18 years of age and older

MMR	<b>2 doses,</b> anyone born in or after 1957. 1 dose, anyone born before 1957 outside the U.S. Anyone born in the U.S. before 1957 is considered immune. Laboratory evidence of immunity to measles, mumps and rubella is acceptable
Varicella	<b>2 doses,</b> anyone born in or after 1980 in the U.S., and anyone born outside the U.S. Anyone born before 1980 in the U.S. is considered immune. A reliable history of chickenpox or laboratory evidence of immunity is acceptable
Tdap	<b>1 dose;</b> and history of DTap primary series or age appropriate catch-up vaccination. Tdap given at ≥7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule; Td should be given if it has been ≥ 10 years since Tdap
Hepatitis B	<b>3 doses (or 2 doses of Heplisav-B) for staff whose responsibilities include first aid;</b> laboratory evidence of immunity is acceptable

\*A reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant or designee.

# Meningococcal Disease and Camp Attendees: Commonly Asked Questions

## **What is meningococcal disease?**

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue (the “meninges”) that surrounds the brain and spinal cord and cause meningitis, or they may infect the blood or other organs of the body. Symptoms of meningococcal disease can include fever, severe and constant headache, stiff neck or neck pain, nausea and vomiting, and rash. In the US, about 350-550 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who survive, about 10-20% may lose limbs, become hard of hearing or deaf, have problems with their nervous system, including long term neurologic problems, or have seizures or strokes.

## **How is meningococcal disease spread?**

These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person's saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing and sneezing.

## **Who is most at risk for getting meningococcal disease?**

People who travel to certain parts of the world where the disease is very common, microbiologists, people with HIV infection and those exposed to meningococcal disease during an outbreak are at risk for meningococcal disease. Children and adults with damaged or removed spleens or persistent complement component deficiency (an inherited immune disorder) are at risk. Adolescents, and people who live in certain settings such as college freshmen living in dormitories and military recruits are at greater risk of disease from some of the serotypes.

## **Are camp attendees at increased risk for meningococcal disease?**

Children attending day or residential camps are **not** considered to be at an increased risk for meningococcal disease because of their participation.

## **Is there a vaccine against meningococcal disease?**

Yes, there are 2 different meningococcal vaccines. Quadrivalent meningococcal conjugate vaccine (Menactra and Menveo) protects against 4 serotypes (A, C, W and Y) of meningococcal disease. Meningococcal serogroup B vaccine (Bexsero and Trumenba) protects against serogroup B meningococcal disease, for age 10 and older.

## **Should my child or adolescent receive meningococcal vaccine?**

That depends. Meningococcal conjugate vaccine (Menactra and Menveo) is routinely recommended at age 11-12 years with a booster at age 16. In addition, this vaccine may be recommended for children with certain high-risk health conditions, such as those described above. Otherwise, meningococcal vaccine is **not** recommended for attendance at camps.

Meningococcal serogroup B vaccine (Bexsero and Trumenba) is recommended for people with certain relatively rare high-risk health conditions (examples: persons with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency (an inherited disorder), and people who may have been exposed during an outbreak). Adolescents and young adults (16 through 23 years of age) who do not have high risk conditions **may** be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short term protection for most strains of serogroup B meningococcal disease. Parents of adolescents and children who are at higher risk of infection, because of certain medical conditions or other circumstances, should discuss vaccination with their child's healthcare provider.

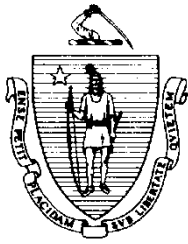
## **How can I protect my child or adolescent from getting meningococcal disease?**

The best protection against meningococcal disease and many other infectious diseases is thorough and frequent handwashing, respiratory hygiene and cough etiquette. Individuals should:

1. wash their hands often, especially after using the toilet and before eating or preparing food (hands should be washed with soap and water or an alcohol-based hand gel or rub may be used if hands are not visibly dirty);
2. cover their nose and mouth with a tissue when coughing or sneezing and discard the tissue in a trash can; or if they don't have a tissue, cough or sneeze into their upper sleeve.
3. not share food, drinks or eating utensils with other people, especially if they are ill.
4. contact their healthcare provider immediately if they have symptoms of meningitis.

If your child is exposed to someone with meningococcal disease, antibiotics may be recommended to keep your child from getting sick.

You can obtain more information about meningococcal disease or vaccination from your healthcare provider, your local Board of Health (listed in the phone book under government), or the Massachusetts Department of Public Health Division of Epidemiology and Immunization at (617) 983-6800 or on the MDPH website at [www.mass.gov/dph](http://www.mass.gov/dph).



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**Advisory regarding the Parent/Guardian Authorization to  
Administer Medication to a Camper**

CONTACTS: Steven F. Hughes, Director (617) 624-5757, or  
David T. Williams, Senior Analyst (781) 774-6612

RE: Clarification of Recreational Camp document titled: Authorization to Administer Medication  
to a Camper (completed by parent/guardian)

DATE: March 29, 2018

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Dear Parent/Guardian,

If your child may require any medication during their time at camp, Massachusetts regulations require the camp to follow certain procedures to ensure minimum safety requirements are met (105 CMR 430.000: *Minimum Standards for Recreational Camps for Children* (State Sanitary Code, Chapter IV)). The attached consent form gives the camp permission to store and administer medication to the camper by certain trained camp staff. The criteria below explain the requirements for those medications and the procedures the camp must follow. It is important for you to carefully review these criteria and discuss any specific questions with camp staff.

- **If providing prescription medications for the camp to administer to your child, please complete the attached form “Authorization to Administer Medication to a Camper” completely.**
  - Specify “NA” – Not Applicable, where appropriate.
  - Be sure to sign the form.
- **Medication that will be administered at camp must be provided by the parent/guardian to the camp in the original container(s) bearing the pharmacy label with the following information:**
  - the date of filling
  - the pharmacy name and address
  - the filling pharmacist’s initials
  - the serial number of the prescription
  - the name of the patient
  - the name of the prescribing practitioner
  - the name of the prescribed medication
  - directions for use and cautionary statements contained in such prescription or required by law
  - if tablets or capsules, the number in the container
  - All over-the-counter medications must be kept in the original containers containing the original label, which shall include the directions for use

---

<sup>1</sup> There is an exception for epinephrine auto injectors, where other trained employees may administer with parent/guardian consent.

- **Medications must be stored at camp in a secure location.**
- **When camp session ends, all remaining medications must be returned to the parent or guardian whenever possible or destroyed.**
- **Prescription medication may only be administered by the camp's Health Care Consultant (HCC) or designated Health Care Supervisor (HCS)<sup>1</sup>**
  - The Health Care Consultant is a licensed health care professional authorized to administer prescription medications, but may not be required to be on-site at all times
  - The Health Care Supervisor may or may not be a licensed health care professional authorized to administer prescription medications. If they are not a licensed health care professional, they must be trained by the Health Care Consultant and the administration of medications must be under the professional oversight of the Health Care Consultant. A Health Care Supervisor must be on-site at all times the camp is operating.
- **If your child is insulin dependent,** you may grant them permission to self-administer if you deem appropriate. The camp's Health Care Consultant will also need to approve self-administration, and a Health Care Supervisor will need to be present to oversee self-administration. There are boxes in the attached forms where you can confirm or deny this permission.
- **If your child has an allergy requiring an epinephrine prescription (epinephrine auto injector):**
  - You may grant them permission to self-administer if you deem appropriate. The camp's Health Care Consultant will also need to approve self-administration.
  - You may consent to trained employees, other than the HCC or HCS, administering the epinephrine auto injector during an emergency.
- Every camp must have a written policy for the administration of medications that identifies the individuals who will administer medications, as well as storage and record keeping procedures. You may ask the camp for a copy of their policy.

## Sample Health Care Consultant Acknowledgement of On-Site Medications

### Health Care Consultant Information

Name, Title and  
License #:

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone:

\_\_\_\_\_

Fax:

\_\_\_\_\_

Email:

\_\_\_\_\_

### Agreement Information

I, \_\_\_\_\_, acknowledge that I serve as the Health  
(Print Name)

Care Consultant for \_\_\_\_\_  
(Camp Name)

As such, I hereby authorize the following listed medications to be administered to campers as prescribed, provided that, the medications are delivered to the camp, maintained by the camp, and administered in accordance with Commonwealth of Massachusetts Regulations at 105 CMR 430.160 and that the parent/guardian of the camper has provided written permission for the administration of the medication.

I am not the prescribing physician for these medications. My signature indicates only that I have reviewed the listed medications and associated potential side effects, adverse reactions and other pertinent information with all personnel listed below, who administer medications or designated health care supervisors who are appropriately trained to and are doing so under my professional oversight.

Names of individual authorized to administer medications at camp:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Signature of Health Care Consultant

Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_



## Massachusetts Department of Public Health

### Medication Administration Competency Skill Checklist

To be completed at the time the Health Care Supervisor (other than licensed medical professional) is assessed by the camp's Health Care Consultant.

#### Staff Information:

Health Care

Supervisor

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Medication

Name: \_\_\_\_\_

Route: ☐ Oral Tablet ☐ Topical ☐ Drops: eye, ears, nose

☐ Oral Liquid ☐ Other (please document): \_\_\_\_\_

#### Checklist:

##### Steps to follow:

√ (Check)

Identifies camper	
Asks camper how he/she feels	
Observes camper	
Reads medication administration plan	
Washes hands	
Checks label of medication	
Prepares medication properly	
Reads label of medication a 2 <sup>nd</sup> time	
Reads label of medication a 3 <sup>rd</sup> time and administer med correctly	
Replaces medication in cabinet or refrigerator	
Locks cabinet	
Documents in medication log	

Comments:

\_\_\_\_\_

#### Signatures:

Health Care

Consultant

Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Health Care

Supervisor

Signature: \_\_\_\_\_

## DPH Standards for Training Health Care Supervisor in Medication Administration

Each recreational camp must ensure that the health care supervisor(s) can meet the health and medical needs of each individual camper. The camp's health care consultant must provide training and document the competency of every health care supervisor.<sup>1</sup> This training does not need to be submitted for prior approval, but must be made available by request or during inspection.

**Training Topics:** An approved training will address, at a minimum, the following issues:

1. Confidentiality
2. The Role of the Health Care Supervisor
3. Limits of the Health Care Supervisor
4. Effects and Possible Side Effects of all Medication Administered
5. Steps in Medication Administration
6. Camp Safeguards and Policies

**Test of Competency:** Each health care supervisor must have a documented test of competency to administer medications. At a minimum, the health care supervisor must:

1. Demonstrate safe handling and proper storage of medication.
2. Demonstrate the ability to administer medication properly:
  - accurately read and interpret the medication label
  - follow the directions on the medication label correctly
  - accurately identify the camper for whom the medication is ordered
3. Demonstrate the appropriate and correct record keeping regarding medications given and/or self-administered.
4. Demonstrate correct and accurate notations on the record if medications are not taken/given either by refusal or omission and when adverse reactions occur.
5. Describe the proper action to be taken if any error is made in medication administration or if there is an adverse reaction possibly related to medication
7. Use resources appropriately, including the consultant, parent/guardian or emergency services when problems arise.
8. Understand and be able to implement:
  - emergency plans including when to call 911
  - appropriate procedures that assure confidentiality

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<sup>1</sup> If HCS is a licensed physician, nurse practitioner, registered nurse or physician's assistant with experience in pediatric care, that certification is evidence of proper training and competency.

# Camp Medication Administration Training/Test Checklist:



<b>1. Confidentiality:</b>		
	Importance of not sharing information about campers or medications with anyone unless directed to do so by the HCC	
<b>2. Role of Health Care Supervisor:</b>		
	<b>Administer</b> Medication only by Specific HCC Order to Specific Child	
	<b>Follow</b> Instructions on Medication Sheet	
	<b>Record</b> Time and Effects Observed	
	<b>Reports</b> Any Problem or Uncertainty	
<b>3. Limits of the Health Care Supervisor:</b>		
	HCS may not administer ANY medication without HCC approval	
	HCS may not administer ANY medication without parent/guardian permission	
	HCS may not administer insulin (unless within scope of practice)	
<b>4. Effects and Possible Side Effects of all Medication Administered:</b>		
	<b>Describe</b> Effects of Medications	
	<b>Discuss</b> Common Side-Effects of Medications (drowsiness, vomiting, allergic reaction)	
	<b>Report</b> All Changes that may be side-effects to HCC and Parent/Guardian	
	<b>Record</b> All Changes that may be side-effects in log	
<b>5. Steps in Medication Administration:</b>		
<i>5 Rights of Medication Administration</i>	1. Right Camper 2. Right Medication 3. Right Dosage 4. Right Time 5. Right Route	
<i>Steps in Medication Administration</i>	1. Identify Camper 2. Read Medication Administration Sheet 3. Wash Hands 4. Select and Read Label of Medication 5. Prepare Medication and Read Label Again 6. Administer Medication and Make Sure Medication is Taken. 7. Replace Medication in Secure Location 8. Lock or Secure Location 9. Document in Medication Log	
<i>Steps in Supervising Self-Administration</i>	1. Identify Camper 2. Read Medication Administration Sheet 4. Select and Read Label of Medication 5. Observe Student Prepare and Take Medication 6. Replace Medication in Secure Location 7. Lock or Secure Location 8. Document in Medication Log	
<b>6. Camp Safeguards and Policies</b>		
	<b>Report</b> Any Error to HCC and Parent/Guardian including: 1. Camper Given Wrong/Unapproved Medication 2. Camper Refuses Medication 3. Camper Has Unusual or Adverse Reaction Possibly Related to Medication	
	<b>Review</b> Camp's Emergency Plan and when to call Emergency Services	



## DPH Standards for Training Health Care Supervisor and Other Employees on Use of Epinephrine Auto-Injectors

The health care consultant must provide training and document the competency of every health care supervisor on administration of epinephrine auto-injectors.<sup>1</sup> However, due to the emergent nature of anaphylactic reactions, other employees may also be trained in the administration of an epinephrine auto-injector by the health care consultant. As with any medication, the parent/guardian and the health care consultant must have written approval on file. The parent/guardian authorization should also contain a separate approval for other trained employees to administer, or for self-administration by the camper.

**Training Topics:** An approved training will address, at a minimum, the following issues:

1. Confidentiality
2. Understanding Allergic Reactions and the Signs of Anaphylaxis
  - Mild versus Severe Allergic Reaction Symptoms
3. Allergy Management and Exposure Prevention for Campers with a Diagnosed Allergy
4. Emergency Action Plan for Anaphylaxis
5. Proper Use of an Epinephrine Auto-Injector
6. Documentation and Record-keeping

**Test of Competency:** Each health care supervisor, and other employees, who are trained in the administration of epinephrine auto-injectors by the health care consultant must have a documented test of competency to administer medications. At a minimum, they must:

1. Demonstrate safe handling and proper storage of epinephrine auto-injectors.
2. Demonstrate the ability to administer an epinephrine auto-injector properly.
3. Demonstrate an understanding of signs and symptoms of an allergic reaction.
4. Describe allergy management and exposure prevention for campers with a known allergy.
5. Describe the proper emergency action to be taken in response to cases of severe allergic reaction:
  - steps to follow
  - when to call 911
6. Demonstrate the appropriate and correct record keeping regarding use of an epinephrine auto-injector.
7. Use resources appropriately, including the consultant, parent/guardian or emergency services.

<sup>1</sup> If HCS is a licensed physician, nurse practitioner, registered nurse or physician's assistant with experience in pediatric care, that certification is evidence of proper training and competency.

# Authorization to Administer Medication to a Camper

(completed by parent/guardian)

Camper and Parent/Guardian Information	
Camper's Name:	
Age:	Food/Drug Allergies:
Diagnosis (at parent/guardian discretion):	
Parent/Guardian's Name:	
Home Phone:	Business Phone:
Emergency Telephone:	
Licensed Prescriber Information	
Name of Licensed Prescriber:	
Business Phone:	Emergency Phone:
Medication Information 1	
Name of Medication:	
Dose given at camp:	Route of Administration:
Frequency:	Date Ordered:
Duration of Order:	Quantity Received:
Expiration date of Medication Received:	
Special Storage Requirements:	
Special Directions (e.g., on empty stomach/with water):	
Special Precautions:	
Possible Side Effects/Adverse Reactions:	
Other medications (at parent/guardian discretion):	
Location where medication administration will occur:	
Medication Information 2	
Name of Medication:	
Dose given at camp:	Route of Administration:
Frequency:	Date Ordered:
Duration of Order:	Quantity Received:
Expiration date of Medication Received:	

Special Storage Requirements:	
Special Directions (e.g., on empty stomach/with water):	
Special Precautions:	
Possible Side Effects/Adverse Reactions:	
Other medications (at parent/guardian discretion):	
Location where medication administration will occur:	
<b>Authorization Information</b>	
<p>I hereby authorize the health care consultant or properly trained health care supervisor at _____ (name of camp)  to administer, to my child, _____ (name of camper) the medication(s) listed above, in accordance with 105 CMR  430.160(C) and 105 CMR 430.160(D) [see below].</p>	
<p><b>If above listed medication includes epinephrine injection system:</b></p> <p>I hereby authorize my child to <u>self-administer</u> , with approval of the health care consultant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p>I hereby authorize an employee that has received training in allergy awareness and epinephrine administration to administer  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p><b>If above listed medication includes insulin for diabetic management:</b></p> <p>I hereby authorize my child to <u>self-administer</u> , with approval of the health care consultant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>	
Signature of Parent/Guardian:	Date:

**\*\* Health Care Consultant** at a recreational camp is a Massachusetts licensed physician, certified nurse practitioner, or a physician assistant with documented pediatric training. **Health Care Supervisor** is a staff person of a recreational camp for children who is 18 years old or older; is responsible for the day to day operation of the health program or component, and is a Massachusetts licensed physician, physician assistant, certified nurse practitioner, registered nurse, licensed practical nurse, or other person specially trained in first aid.

## 105 CMR 430 References

**105 CMR 430.160(A):** Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use. (M.G.L. c. 94C § 21).

**105 CMR 430.160(C):** Medication shall only be administered by the health care supervisor or by a licensed health care professional authorized to administer prescription medications. If the health care supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. The health care consultant shall acknowledge in writing a list of all medications administered at the camp. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is written permission from the parent/guardian.

**105 CMR 430.160(D):** A written policy for the administration of medications at the camp shall identify the individuals who will administer medications. This policy shall:

- (1) List individuals at the camp authorized by scope of practice (such as licensed nurses) to administer medications; and/or other individuals qualified as health care supervisors who are properly trained or instructed, and designated to administer oral or topical medications by the health care consultant.
- (2) Require health care supervisors designated to administer prescription medications to be trained or instructed by the health care consultant to administer oral or topical medications.
- (3) Document the circumstances in which a camper, Health Care Supervisor, or Other Employee may administer epinephrine injections. A camper prescribed an epinephrine auto-injector for a known allergy or pre-existing medical condition may:
  - a) Self-administer and carry an epinephrine auto-injector with him or her at all times for the purposes of self-administration if:
    - 1) the camper is capable of self-administration; and
    - 2) the health care consultant and camper's parent/guardian have given written approval
  - b) Receive an epinephrine auto-injection by someone other than the Health Care Consultant or person who may give injections within their scope of practice if:
    - 1) the health care consultant and camper's parent/guardian have given written approval; and
    - 2) the health care supervisor or employee has completed a training developed by the camp's health care consultant in accordance with the requirements in 105 CMR 430.160.
- (4) Document the circumstances in which a camper may self-administer insulin injections. If a diabetic child requires his or her blood sugar be monitored, or requires insulin injections, and the parent or guardian and the camp health care consultant give written approval, the camper, who is capable, may be allowed to self-monitor and/or self-inject himself or herself. Blood monitoring activities such as insulin pump calibration, etc. and self-injection must take place in the presence of the properly trained health care supervisor who may support the child's process of self-administration.

**105 CMR 430.160(F):** The camp shall dispose of any hypodermic needles and syringes or any other medical waste in accordance with 105 CMR 480.000: Minimum Requirements for the Management of Medical or Biological Waste.

**105 CMR 430.160(I):** When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be disposed of as follows:

- (1) Prescription medication shall be properly disposed of in accordance with state and federal laws and such disposal shall be documented in writing in a medication disposal log.
- (2) The medication disposal log shall be maintained for at least three years following the date of the last entry.

# Sample Daily Log for Medication Administration (complete for EACH medication)

## Camper and Medication Information

Camper's Name, Gender and Age: \_\_\_\_\_

Name and Dosage of Medication: \_\_\_\_\_

Route: \_\_\_\_\_ Frequency: \_\_\_\_\_

Year: \_\_\_\_\_

## Medication Administration Log

Directions: Initial with time of medication administration. Include a complete printed name, signature and initials of person administering medication below.

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
May																															
June																															
July																															
Aug																															

Initials of individual administering medication					Printed Name and Signature of individual administering medication				
1.									
2.									
3.									
4.									
5.									

Codes for administration: (A) Absent (E) Early Dismissal (F) Field Trip (N) No Medication available (O) No Show (X) No Camp



## **Recreational Camp Emergency Plans for Unrecognized Persons**

All licensed Recreational Camps are required to implement policies and procedures for various emergencies that may occur. Below is a sample plan for unrecognized person(s) emergencies pursuant to 430.190(E). Each camp is unique in character and operation which should be reflected in their plans. Please make appropriate modifications to ensure the plans are useful for your camp including adding site specific facilities, buildings, directions for proper egress, designated meeting areas, communication systems (e.g., intercoms, etc.) and emergency response numbers.

**Note:** This plan is general and is intended to assist the camp operator in developing a comprehensive plan that is appropriate for their individual camp, location, facility and applicable situations.

**All appropriate staff must be trained on all of the camp's policies and procedures.**

Please review regulations 105 CMR 430.159(B), 105 CMR 430.190(E), 105 CMR 430.210, and 105 CMR 430.215 regarding emergency plans.

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The aim of an Unrecognized Persons policy is to ensure the safety of those on the premises by making the responsibilities and expectations of all camp staff clear when dealing with unknown or unrecognized persons.

### **Unknown or Unauthorized Person at Camp Checklist**

Implement and regularly review procedures to ensure the safety of all children and staff at all times, including a procedure for recognizing and addressing unknown or unrecognized persons on the premises.	Yes	No
Train appropriate staff in all the above procedures	Yes	No
Parents/guardians must specify who is authorized to have access to the children and notify any changes immediately	Yes	No
Overall response of trained staff	Satisfactory	Unsatisfactory

### **Recommended Procedures**

- If an unknown or unrecognized person enters the premises **staff** should:

1. Immediately inquire about the purpose for being at the camp and to clarify any misunderstanding regarding the location being sought
2. Confirm if the person has any authorization, such as from a parent/guardian, to be at the location
3. If necessary, explain politely to the person that they are not permitted and escort them off the premises
4. Ensure that the person leaves the premises immediately
5. Notify the person in charge of the incident
6. Notify the camper's parent/guardian of the incident

- If the person refuses to leave the premises, becomes aggressive or violent or attempts an unauthorized removal of a child, **the person in charge** should:

1. Call emergency personnel (911, if available) to report the incident and request immediate assistance
2. Alert other staff to the situation, order all premises secured and locked
3. Ensure that no person enters or exits the premises until the local Police have arrived
4. Provide a main point of contact for staff, parent/guardian and the Police
5. When resolved, write a detailed report of the incident indicating dates, times and persons involved

# **Recreational Camp Emergency Plans for Incidents and Natural Disasters**

All Recreational Camps are required to have policies and procedures in place for various emergencies that may occur. Below are sample plans for various natural disasters, emergencies and other life-threatening events. Each camp is unique in character and operation which should be reflected in these plans. Please make appropriate modifications to ensure the plans are useful for your camp including adding site specific facilities, buildings, directions for proper egress, designated meeting areas, communication systems (e.g., intercoms, etc.) and emergency response numbers.

**Note:** These plans are very general. They are intended to assist the camp operator in developing a comprehensive plan that is appropriate for their individual facility and applicable situations.

**Additionally, all appropriate staff must be advised of the procedures in the plans.**

Please review regulations 105 CMR 430.159(B), 105 CMR 430.190(E), 105 CMR 430.210, and 105 CMR 430.215 regarding emergency plans.

**Each camp should have plans for events including, but not limited to:**

<b>Contingency Plans for Day Camp</b>	<b>Lightning</b>	<b>Emergency Plan for the Evacuation of the Program or Facility</b>
<b>Disaster/Emergency Plan</b>	<b>Wildfire</b>	<b>Fire Evacuation Plan</b>
<b>Tornado or High Winds</b>	<b>Medical Policies / Plans</b>	<b>Unrecognized Person(s)</b>
<b>Flash Floods</b>	<b>Lost Camper Plan</b>	
	<b>Lost Swimmer Plan</b>	

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**Below are examples of plans for some such event:**

## **1. Contingency Plans for Day Camps**

All day camps must have written contingency plans in accordance with 105 CMR 430.211 to address the following situations:

- A child who is registered for camp and on the morning roll call fails to arrive for a day's activities.
  - double check attendance and/or roll call
  - call parents/guardians or other contact name provided on the camper's application form
- A child fails to arrive at the point of pickup at the end of the day.
  - double check attendance and/or roll call
  - check with Main Office to see if camper was picked up early by parents/guardians
  - check campgrounds in accordance with your lost camper plan
- A child comes to camp without being registered or without notifying the camp.
  - check with the child's parents/guardians if still on site
  - find out which camper the child arrived with: friend, brother/sister, etc. – obtain contact information from forms
  - call the child's parent/guardian if the child's phone number is obtained

# **Recreational Camp Emergency Plans for Incidents and Natural Disasters**

## **2. Disaster/Emergency Plans (e.g. – Lightning, Flash Floods, Wildfire, etc.)**

All recreational camps for children must have a written disaster/emergency plan, in accordance with 105 CMR 430.210(B).

- If advised by authorities to evacuate an area, do so immediately.
- Explain all means of notifying occupants to evacuate or retreat to shelter, e.g., intercom, alarms, etc.
- Describe arrangements for transporting individuals from the camp to emergency or other facilities, including, but not limited to, emergency shelters.

## **3. Tornado or High Winds**

The plans should include:

- Go to a basement (if available) or to interior rooms and halls on the lowest floor.
- Stay away from glass enclosed places or areas with wide-span roofs, such as an auditorium or lodge.
- Crouch down against the floor and cover the back of your head and neck with your hands.
- If no suitable structure is nearby, lie flat in the nearest ditch or depression and use your hands to cover your head.

## **4. Emergency Plan for the Evacuation of the Program or Facility**

- Are separate evacuation plans posted for each activity area and next to each exit?
- Who leads children out of the building?
- Who checks for stragglers?
- Who is responsible for ensuring the number of children in attendance equals the number of children safely evacuated?
- When are practice evacuation drills conducted?
- Who documents date, time, and effectiveness of each drill?

## **5. Applicable Health Care Policies and Plans**

- Describe plan for administering medication (prescription and non-prescription). Include location, instructions for storage and staff members approved to administer.
- Describe plan for returning or destroying unused medication when no longer needed.
- Describe and include copies of training and tests of competency for staff members administering medication.
- Describe plan for the care of mildly ill campers.
- Describe procedures for identifying and protecting children with allergies and/or other emergency medical information.
- Describe exclusion policy for serious illnesses, contagious disease and reportable diseases to Board of Health.
- Describe procedure when children refuse their medication or are not administered their medication in accordance with instructions signed off by Health Care Consultant and parent/guardian.

## **Recreational Camp Emergency Plans for Incidents and Natural Disasters**

### **6. Lost Camper Plan**

All recreational camps for children must have a written lost camper plan kept on file in accordance with 105 CMR 430.210(C).

During a lost camper search, one person must be in charge of the entire search to avoid confusion and wasted time (time is a critical factor in a search for a missing person). This should be the most senior-trained person, such as a head counselor or camp operator.

- Report the missing camper to the main office, including the following information:
- Camper's name and age
- Last place the camper was seen
- What the camper was wearing
- Other information that could be helpful
- Use a predetermined signal to alert all staff that a person is missing. Lifeguards must clear the swimming areas.
- Using a communication system, if available, ask the camper to report to a designated area.
- Conduct a search of bathrooms, showers, locker rooms, missing camper's cabin or tent and other camp areas.
- A common practice is to move all campers to one central location to do an accurate head count or roll call.
- Camp staff should search assigned areas to ensure the camp and surrounding areas are searched.
- If the camper was last seen near water, lifeguards must search the entire waterfront
- Check office records to determine if the camper was picked up by parents/guardian or made other special arrangements. If not, contact the parents/guardian to determine if the child was picked up without notifying the camp office.
- Notify emergency personnel (911, if available) if the camper is not found immediately or if the camper requires emergency medical intervention. The search must continue until all campers are accounted for.

### **7. Lost Swimmer Plan**

All recreational camps for children which include swimming in the camp activities must have a written lost swimmer plan kept on file in accordance with 105 CMR 430.210(C).

During a lost swimmer search, one person must be in charge of the entire search to avoid confusion and wasted time (time is a critical factor in a search for a missing swimmer). This should be the most senior trained person (preferably someone trained in open water rescue, such as the aquatics director).

- Use a predetermined signal to alert all staff that a person is missing. Lifeguards must clear the swimming areas. Using a communication system, ask the camper to report to the main lifeguard area, since the camper may have left the area.
- Contact emergency personnel, such as the local fire department, police or search and rescue squad. Notify the dispatcher that you have a possible lost swimmer. Delays in contacting emergency numbers (911, if available) must be avoided. It is better to cancel an emergency call once the swimmer is safe than to delay a call that might save the swimmer.
- Adult counselors may help search shallow areas; trained lifeguards should search deeper areas. Other staff should check bathrooms, showers, locker rooms, missing camper's cabin or tent and other camp areas.
- A common practice is to move all campers to one central location to do an accurate head count or roll call.

## **Recreational Camp Emergency Plans for Incidents and Natural Disasters**

### **8. Fire Evacuation Plan**

All recreational camps for children must have a written fire evacuation plan. The plan must be approved by the local fire department in accordance with 105 CMR 430.210(A).

- The plan must indicate the frequency of fire drills to be held during the camping session. Fire drills must be held within the first 24 hours of the beginning of each camping session.
- The plan shall identify the number of staff and the number of children. The plan should assign staff to be in charge of specific areas. Staff and counselors will, under no circumstances, leave the campers that are under their direct care.
- Identify all means of egress.
- Explain all means of notifying occupants to evacuate, e.g., intercom, alarms, etc.
- Provide detailed instructions for contacting emergency personnel (fire department).
- Designate an outside area for campers and staff to gather. This area should be far enough away from buildings not to interfere with fire department operations. At the designated area, assigned staff should conduct a roll call. Campers must remain in designated areas until the fire drill/alarm has ended.
- Include a narrative of occupant response to a fire, i.e., how should staff respond in a fire condition?

Example:

- Notify anyone in the immediate area of danger
- Close doors to confine fire/smoke, but do not lock them
- Activate or request that someone else activate the fire alarm
- Evacuate the building, assist campers and other staff under your direction
- Call the fire department (911 or other emergency number) and give them the following information:
  - Building name and address
  - Nearest cross street
  - Location of fire in the building
  - Known information about the fire/smoke
  - Call-back telephone number
  - Do not hang up until the emergency services operator does so
- Use a fire drill/prevention checklist (see attached example) to assist you in the process and to document that fire drills have been performed.

#### **NOTE:**

This document includes a checklist to assist you in reviewing your camp to assess potential fire hazards. Also included is a form that may be used in recording and documenting the history of all required fire drills. This form may be duplicated for future use. Use of these documents does not substitute for the fire department's inspection/written statement of compliance required by 105 CMR 430.215.

## **Recreational Camp Emergency Plans for Incidents and Natural Disasters**

- Lifeguards must continue to search the entire waterfront.
- The search must continue until all campers are accounted for.
- The person in charge of the search should have a list of staff conducting searches in assigned areas. Account for the staff to avoid the need for a double rescue. Staff conducting the search (including lifeguards) should use the buddy system.
- The person in charge of the rescue should interview the person who reported the missing swimmer; information about the swimmer's last known location, etc. is used to direct the search.
- All lifeguards search the swimming area, starting where the missing camper was last seen. Make sure to look under docks, piers, rafts, and other potentially dangerous locations.
- At waterfront facilities such as state parks, staff may have to check other playgrounds, campsites, and wooded areas.

### **Searching Shallow-Water Areas:**

- To search shallow-water areas with pool water clarity, adult volunteers or non-lifeguarding staff members should link arms or hold hands and form a line in the water.
- One lifeguard should serve as a lookout standing above the water level (on a dock, raft, etc.) with rescue equipment in case a searcher gets in trouble or the missing swimmer is found.
- The shortest person should be in the shallowest water, and the tallest person should be in water that is no more than chest deep.
- The whole line slowly moves across the area together. Start where the lost camper was last seen. One lifeguard should be assigned to oversee this part of the search.
- As the search line moves forward, the searchers gently sweep their feet across the bottom with each step.
- The searchers must not go deeper than chest-deep water. Only trained lifeguards should search deeper areas.

### **For More Information:**

[https://con2.classes.redcross.org/learningcontent/PHSS/Lifeguarding/Lifeguarding\\_032112/media/pdf/LG\\_PM\\_CH6\\_Skill\\_Sheet\\_RESCUING\\_SUBMERGED\\_VICTIM.pdf](https://con2.classes.redcross.org/learningcontent/PHSS/Lifeguarding/Lifeguarding_032112/media/pdf/LG_PM_CH6_Skill_Sheet_RESCUING_SUBMERGED_VICTIM.pdf)

### **Searching Deep Water Areas:**

Use the American Red Cross "deep water line search" method is recommended to search for lost swimmers in water that is greater than chest deep. It is outlined below:

- Several lifeguards, wearing masks and fins, form a straight line, no more than an arm's length from each other. One lifeguard serves as a lookout standing above the water level (on a dock, raft, etc.) with rescue equipment in case a searcher gets in trouble or the missing swimmer is found.
- On command from the lead lifeguard, all searchers do the same surface dive (either feet first or headfirst) to the bottom and swim forward a set number of strokes (usually three).
- If the water is murky, the searchers search the bottom by sweeping their hands back and forth in front of them, making sure to cover the entire area.
- Return to the surface as straight up as possible. At the surface, the line backs up, the lead lifeguard checks to make sure all searchers are accounted for, the line reforms, and on command from the lead lifeguard, dives again.
- Repeat this procedure until the entire swimming and diving area has been searched in one direction. Make sure not to miss any areas on the bottom when you dive and resurface.
- The searchers then repeat the pattern at a 90-degree angle to the first search pattern.
- If the missing swimmer is not found in the swimming and diving areas, expand the search to nearby areas. Consider the effects of any currents.
- Continue to search until the missing person is found or until emergency personnel arrive.

## **Recreational Camp Emergency Plans for Incidents and Natural Disasters**

### **Fire Prevention Inspection Checklist:**

#### Housekeeping and Maintenance:

1. "No Smoking" signs posted.	Yes	No
2. "No Smoking" regulations observed.	Yes	No
3. Flammable liquid safely stored in approved containers away from combustibles.	Yes	No
4. Trash/rubbish removal done on a regular basis.	Yes	No
5. All electrical plugs, switches and cords legal and in good repair.	Yes	No
6. Cords are not to be run across doorways or under carpets or mats where they may be stepped on.	Yes	No
7. No extensive use of cords from outlets (octopus).	Yes	No
8. Heat-producing appliances well ventilated.	Yes	No
9. Electrical equipment turned off when not in use.	Yes	No
10. Malfunctioning electrical equipment immediately reported or taken out of service.	Yes	No
11. Areas kept as clean and neat as possible.	Yes	No
12. Materials stacked so as not to tip or fall.	Yes	No
13. Corridors and doorways kept free and clear of obstructions.	Yes	No

#### Fire and Life Protection Systems:

1. Adequate lighting in corridors, exits, and stairwells.	Yes	No
2. Exit signs illuminate as required (all lights working).	Yes	No
3. Evacuation routes adequately posted.	Yes	No
4. Evacuation signs maintained-none defaced or missing.	Yes	No
5. Fire doors not wedged or blocked open, especially stairwells.	Yes	No
6. Stairwells free of obstacles, storage, debris, etc.	Yes	No
7. Corridors and exits unobstructed (no storage of files, furniture, etc.).	Yes	No
8. Stairwells, corridors, and exits free of trip and slip hazards.	Yes	No
9. Fire detection and alarm systems tested regularly.	Yes	No
10. Fire sprinkler connections and shut off valves visible and accessible.	Yes	No
11. Fire sprinkler heads clean and unobstructed.	Yes	No
12. Adequate clearance (3 feet) for all fire extinguishers and hoses.	Yes	No
13. Fire equipment in proper locations and undamaged.	Yes	No
14. Fire evacuations director and assistant positions updated and fully staffed.	Yes	No
15. All occupants instructed on evacuation plan	Yes	No

CAMP LOCATION \_\_\_\_\_

INSPECTION DATE \_\_\_\_\_

INSPECTED BY \_\_\_\_\_

OFFICIAL TITLE \_\_\_\_\_

## Recreational Camp Emergency Plans for Incidents and Natural Disasters

### **FIRE DRILL CHECKLIST:**

Name of Building: \_\_\_\_\_

Building Address: \_\_\_\_\_

Name of Camp: \_\_\_\_\_

Drill Monitor: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Fire Drill Location: \_\_\_\_\_

Floor/Location to which occupants relocated: \_\_\_\_\_

Method of activation of fire alarm: \_\_\_\_\_

Time fire alarm activated: \_\_\_\_\_ Time occupants vacated fire drill floor: \_\_\_\_\_

#### Floor Response Personnel:

1. Evacuation Director present	No	OK	Unobserved
2. Assistant Evacuation Director (s) present	No	OK	Unobserved
3. Stair well monitors	No	OK	Unobserved
4. Elevator monitors	No	OK	Unobserved
5. Search monitors	No	OK	Unobserved
6. Assistants to the physically disabled and non-ambulatory	No	OK	Unobserved
7. Interior doors closed but not locked after searched	No	OK	Unobserved
8. Evacuation assistants checked rest rooms	No	OK	Unobserved
Over all response of floor response team	Satisfactory		Unsatisfactory

#### Occupant Response:

1. Occupant initial response on sounding of alarm	Satisfactory		Unsatisfactory
2. Occupant noise level	Satisfactory		Unsatisfactory
3. Occupants aware of location of stairwell	Yes	No	Unobserved
4. Did evacuation proceed in smooth and orderly manner?	Yes	No	Unobserved
5. Did visitors to building participate in drill?	Yes	No	Unobserved
6. Overall response of occupants	Satisfactory		Unsatisfactory

Drill Monitor Signature: \_\_\_\_\_

Date of Fire Drill: \_\_\_\_\_



# **Massachusetts Department of Public Health**

## ***Guidance for Implementing Regulation 105 CMR 432.000***

May 12, 2017

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Based on Massachusetts General Law (M.G.L.) c. 111, §127A½, commonly referred to as “Christian’s Law”, and the Massachusetts Department of Public Health’s (Department) previously issued guidance on Christian’s Law, the Department has promulgated regulation 105 CMR 432.000: “Minimum Requirements for Personal Flotation Devices for Minor Children at Municipal and Recreational Programs and Camps”, effective May 5, 2017. The law and regulations only apply to swimming or diving areas at marine or freshwater beaches and explicitly exclude swimming pools, wading pools, and other artificial bodies of water. In addition, the Department is issuing this guidance document to support compliance with the regulation, to provide associated best practices and to help assist municipal and recreational programs and camps implementing provisions of the regulation.

According to M.G.L. c. 111, §127A½, all municipal and recreational programs and licensed camps must:

- 1) Determine each minor’s swimming ability prior to allowing participation in swimming activities;
- 2) Make available properly sized and snug fitting Type I, II, or III personal flotation devices (PFD) to all minor children who have been determined to be a non-swimmer or at-risk swimmer; and
- 3) Accept a PFD provided by a parent or guardian of a minor for the minor to use while in attendance at the program or camp.

### **Swim Ability Determination:**

Christian’s Law, in part, requires that municipal and recreational programs and licensed camps determine each participating minor’s swimming ability, prior to or at the first swimming session, in order to identify and classify non-swimmers and at-risk swimmers. If municipal and recreational programs and licensed camps determine that all participants are assumed to be non-swimmers, and ensure properly fitting PFDs are available to all minors engaged in swimming activities within areas classified for non-swimmers, then swim tests are not required.

- Based on input from water safety professionals, individuals who do not meet criteria for a Red Cross Level 3 swim rating or a YMCA Minnow shall be classified as a “non-swimmer” and individuals who may or may not have met the criteria for a Red Cross Level 3 swim rating or the YMCA Minnow, but have been determined to have a physical, psychological, medical, or cognitive disability that could negatively impact his or her swimming ability, shall be classified as an “at-risk swimmer”.
- All minors, including program or camp participants, staff, volunteers, and Counselors in Training (CIT), need to be swim tested, at a minimum once per summer, to determine swimming ability.
- In accordance with the regulations, swim tests shall be conducted or overseen by a trained Certified Swim Instructor (CSI) that holds appropriate certifications from a nationally recognized swim instructor program, such as the American Red Cross (ARC) or the YMCA, or an equivalent certificate, as determined by the Department. A lifeguard maintaining current requirements as outlined in the regulations may also conduct swim tests as a Swim Assessor if they have previously observed one and participated in one annual swim test training conducted by a CSI.
- Swim testing needs to be conducted at the same or a comparable location to where the swimming activities will occur unless the municipal and recreational program or licensed camp provides

dedicated lifeguards at the marine of freshwater beach where swimming will occur, in which case swim testing may be conducted at a swimming pool prior to the swimming activities.

- Swim tests must be conducted under close supervision and without the use of a PFD. If a parent or guardian provides a PFD for their child, the municipal and recreation program or licensed camp should confirm with the parent or guardian, prior to any swim testing, that this testing will be conducted without the use of the PFD.
- The Department has created the “Swim and Fit Test Model Documentation Form” as an option for the operators to document and track swim testing and PFD fit tests. The form provides for individualized documentation for each minor being swim and fit tested, or who has been provided a PFD from a parent or guardian, and is available on the Department’s website.

### **Identifying Non-Swimmers and At-Risk Swimmers**

Non-swimmers and at-risk swimmers need to be identified whenever they are at a swimming or diving area, in accordance with 105 CMR 432.400(A)(8). Below are several examples of how municipal and recreational programs or licensed camps may choose to accomplish this:

- Providing colored wrist bands that are not easily transferred between each child to identify their swimming ability; or
- Providing non-toxic, waterproof, temporary tattoos with U.S. Food & Drug Administration (FDA) certification for dyes/colorants and compliance with Consumer Product and Safety Commission (CPSC) and American Society of Testing Materials (ASTM) requirements;
  - Temporary tattoos that are digitally printed (with computer inks) on temporary tattoo transfer paper and Henna-based temporary tattoos should not be used; or
- Any other method including swim markers designed with FDA compliant, toxic-free cosmetic ingredients which allows for an easy identification to differentiate between non-swimmers, at-risk swimmers and other classified swimmers;
  - Alcohol-based skin ink hand stamps should not be used.

The identification process should be clearly outlined and documented in the municipal and recreational program or licensed camp’s policies and procedures.

### **Confinement to Dedicated Swimming Areas**

Christian’s Law requires municipal and recreational programs and licensed camps to ensure all participants, including non-swimmers and at-risk swimmers that are either determined through a swim test or designated as such by the program or camp operator, as well as minors whose parents or guardians have provided a PFD for their child, be confined to swimming areas consistent with the limits of their swimming skills or to swimming areas requiring lesser skills than those for which they have been classified. All swimming areas shall be permitted and meet the requirements of regulation 105 CMR 445.000: Minimum Standards for Bathing Beaches (State Sanitary Code, Chapter VII).

- In order to properly identify confinement areas at the swimming site, the Department suggests that the municipal and recreational program or licensed camp operator create a waterfront site plan for identification and training purposes. This site plan should include all natural and artificial

barriers and boundaries of the swimming or diving area, including but not limited to rocks, trees, drop-offs, buoys, ropes, docks, diving board platforms, and slides, which should clearly outline the areas in which specified swimmers, non-swimmers and at-risk swimmers have access. This site plan may be posted at the swimming or diving area, utilized as part of staff orientations, and maintained with other records in accordance with 105 CMR 432.000.

- Additionally, the Department suggests each municipal and recreational program and licensed camp consider implementing a “buddy system” for all minors who are participating in swimming or diving activities.
  - A buddy system is designed to pair or team-up two people, referred to as “buddies”, to stay together and be responsible for keeping track of each other, as well as let someone know if either needs assistance or can’t be located while at the waterfront. The buddies act as a single unit in order to monitor and help each other during swimming or diving activities.
  - Buddies should be teamed up based on similar swimming ability; it is not advisable to team up a swimmer with a non-swimmer or at-risk swimmer.
  - A “buddy check” should be performed approximately every 15 minutes. After a designated signal like blowing a whistle, all swimming or diving should stop and each minor then instructed to go to their established buddy, stand in the water, and hold their buddies hand high in the air while the lifeguard and other counselors ensure everyone is accounted for. Once the count is confirmed swimming or diving may resume.
- The Department recommends contacting marine beach operators to inquire about existing local bylaws, ordinances, or regulations prohibiting the use of PFDs due to water current, and undertow concerns, prior to scheduling any swimming activities.

### **Ensuring PFDs are Made Available:**

Christian’s Law requires that municipal and recreational programs and licensed camps have a system in place to make PFDs available to non-swimmers and at-risk swimmers, and requires programs and camps to accept a PFD from a parent or legal guardian for their child to use when these programs or licensed camps conduct swimming or waterfront activities at fresh or saltwater beaches.

- Operators of municipal and recreational programs and licensed camps may maintain their own inventory of PFDs or have them provided by a beach operator, in which case the program operator must secure a written agreement for the amount and the condition of the PFDs.
- The PFDs should be accessible for staff to distribute to participants at or en-route to the swimming or diving area and only after a determination has been made on swimming ability.
- All PFDs, including those provided by a parent or guardian, need to be U.S. Coast Guard (USCG) certified according to type (I, II, III), size, and buoyancy, in serviceable condition and properly fitted to each individual prior to being used for the first time.
  - A PFD shall not have rips, tears, holes, visible mold or mildew odor, signs of waterlogging, damaged seams, straps or hardware, or any shrinkage or leaks in buoyant material.
  - All PFDs maintained on-site during the season should be stored in an area with adequate natural or mechanical ventilation, in order to ensure a proper drying process

between use. Once the season is over, the PFDs should be thoroughly dried and then stored in an area where they are maintained dry until the following season.

- The serviceable condition of each PFD must be inspected annually, preferably at the beginning or end of the season prior to off-season storage, however it is recommended that more frequent inspections are conducted with a procedure in place for properly disposing any that are not determined to be in serviceable condition.
- Information on the types of PFDs, size selection, and tips for determining & maintaining a PFD in serviceable condition are available directly from the USCG website at:

**[http://www.uscgboating.org/safety/life\\_jacket\\_wear\\_wearing\\_your\\_life\\_jacket.aspx](http://www.uscgboating.org/safety/life_jacket_wear_wearing_your_life_jacket.aspx)**

[All spaces represent an underscore character “\_” in the website address.]

- When a PFD is used by a minor, either when one is provided by a program or camp or when one is dropped off by a parent or legal guardian, trained staff at municipal and recreational programs and licensed camps shall ensure the PFD is properly sized according to manufacturer’s guidelines for height and weight, securely fastened and assessed for a proper fit prior to each swimming activity.
- The Department recommends that all staff be trained for PFD fit testing by reviewing the short guidance video provided by the Department with assistance from the U.S. Coast Guard Auxiliary and Massachusetts Parks/Department of Conservation & Recreation. A link to the video can be found at the website below:

<http://www.mass.gov/eohhs/gov/departments/dph/programs/environmental-health/comm-sanitation/christians-law.html>

- Non-swimmers, at-risk swimmers, and participants whose parents or legal guardians have provided a PFD for their child and are aware of the conditions, do not need to wear a PFD during closely supervised swim tests, swimming lessons, and other closely supervised non-swimming beach waterfront activities, including wading in shallow water where the water depth is less than two feet; however a PFD should be worn for all other swimming activities, and whenever minors are on a dock. “Closely supervised,” non-swimming activities should be supervised by adults at a ratio of one adult for every five minors below age 7 and at a ratio of one to 10 for all minors age 7 and above.
- A PFD should never be worn during any diving activities.
- A participant should not be allowed to swim if a parent or guardian provides a PFD that does not fit properly or is not in serviceable condition and permission should be provided by the parent or guardian before an alternative PFD is issued.
- The Department has also created the “Regulation 105 CMR 432.000 – Guidance Checklist” which is available on the Department’s website, to assist all stakeholders with meeting the overall requirements of the regulations.

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For more information please visit the MDPH – Community Sanitation Program website **[www.mass.gov/dph/dcs](http://www.mass.gov/dph/dcs)**  
or

contact the Massachusetts Department of Public Health, Bureau of Environmental Health at **617-624-5757**.

# Important Webpage Links regarding Recreational Camps for Children

## **THIS DOCUMENT INCLUDES IMPORTANT LINKS TO INFORMATION FOR RECREATIONAL CAMPS**

The Massachusetts Department of Public Health (MDPH) has created this resource document to provide all stakeholders with easy access to relevant information associated with Recreational Camps for Children and compliance with 105 CMR 430.000: Minimum Standards for Recreational Camps for Children (State Sanitary Code, Chapter IV). It contains topic summaries with associated webpage links for related material based on the list of topics below. This is not a comprehensive list, but designed to assist those looking for additional information on relevant camp topics.

- **MEDICAL SAFETY**

- Epinephrine Auto-Injector Guidance
- “Heads Up” - Concussion Awareness
- Immunizations
- Influenza
- Rabies
- Swine Flu
- Tuberculosis
- West Nile Virus & Eastern Equine Encephalitis

- **OUTDOOR SAFETY**

- Bats
- Beaches
- Playground Handbook
- DEET Insect Repellent
- Extreme Heat Guidance
- Security & Safety Plans

- **GENERAL REFERENCES**

- American Camp Association
- Camp Administrator Training
- Office of Public Safety and Inspections – Challenge Courses and Climbing Walls
- Medical & Biological Waste Management

## **Medical Safety:**

- **Epinephrine Auto-Injector Guidance:**

Epinephrine auto-injector systems are used to deliver epinephrine through a syringe. The management (use and disposal) of this “acutely hazardous” substance is regulated in Massachusetts.

<http://www.mass.gov/eea/docs/dep/recycle/laws/epi-fax.pdf>

<http://www.mass.gov/eohhs/docs/dph/com-health/school/epi-administration-reporting.pdf>

- **Heads Up (Concussion Awareness):**

Health care professionals may describe a concussion as a “mild” brain injury because usually concussions are not life-threatening. Even so, their effects can be serious. Recognition and proper response to concussions, primarily when they first occur, can help prevent further injury or even death. This link provides information about sports-related head injury regulations, trainings (e.g. - “Heads Up”), required forms for schools and clinicians, model policies for schools, and other important details.

<https://www.mass.gov/sports-related-concussions-and-head-injuries>

- **Immunization:**

Vaccines are one of the great public health advances of the 20<sup>th</sup> century, and prevent hundreds of thousands of illnesses in the United States every year. Vaccines protect both the person vaccinated and those around them from serious diseases, a concept known as herd immunity. Herd immunity protects other members of the community, such as babies too young to be vaccinated or those who cannot receive immunizations because of a medical condition.

<https://www.mass.gov/immunization-program>

<https://www.cdc.gov/vaccines/index.html>

<https://www.mass.gov/service-details/vaccine-information-for-the-public>

<http://www.mass.gov/eohhs/docs/dph/cdc/immunization/guidelines-ma-school-requirements.pdf>

<http://www.mass.gov/eohhs/docs/dph/cdc/meningitis/info-waiver.pdf>

- **Influenza:**

Influenza is a disease that primarily affects the respiratory system, including the nose, throat and lungs. “Flu” is short for “influenza”. Flu is caused by a virus and it can be very serious. Every year in the United States, seasonal flu causes thousands of hospital admissions and deaths. Getting an annual flu vaccine is the best protection.

<https://www.mass.gov/influenza>

- **Rabies:**

Rabies is a viral disease that can affect all mammals, including humans. The virus attacks the central nervous system and can be secreted in saliva. Because rabies affects people, as well as animals, control of this disease has become a top priority for the Massachusetts Division of Animal Health. With the cooperation of MDPH and the Massachusetts Division of Fisheries and Wildlife, all potential rabies exposures are investigated in order to prevent further rabies infections.

<http://www.mass.gov/eohhs/gov/departments/dph/programs/id/epidemiology/providers/public-health-cdc-rabies-info-providers.html>

- **Swine Flu:**

Swine flu is a respiratory disease associated with pigs caused by type A influenza viruses. Swine flu viruses do not normally infect humans. However, sporadic human infections with swine influenza viruses have occurred.

<http://www.eec.state.ma.us/SwineFluUpdates.aspx>

<http://www.mass.gov/ocabr/docs/advisories/swine-flu.pdf>

- **Tuberculosis Program:**

The MDPH Tuberculosis Program seeks to reduce the incidence of tuberculosis (TB) through surveillance, education, and clinical services delivered within a collaborative multiagency system.

<http://www.mass.gov/eohhs/gov/departments/dph/programs/id/tb/>

- **West Nile Virus (WNV) and Eastern Equine Encephalitis (EEE):**

West Nile Virus (WNV) and Eastern Equine Encephalitis (EEE or “Triple E”) are viruses that can cause illness ranging from a mild fever to more serious disease like encephalitis or meningitis. They are spread to people through the bite of an infected mosquito. There are no specific treatments for either virus, but steps can be taken to protect from illness.

<http://www.mass.gov/eohhs/docs/dph/cdc/factsheets/wnv.pdf>

<http://www.mass.gov/eohhs/gov/departments/dph/programs/id/epidemiology/providers/public-health-cdc-arbovirus-info.html>

## **Outdoor Safety:**

- **Bats:**

During the summer months, it is not unusual to find a bat in a building. Most often, these animals have accidentally flown in and are now trapped. Bats sometimes carry rabies and may spread it to people or animals through bites or scratches, so it is important to remove bats from your building as soon as possible. If a person may have been bitten or scratched, it is important to capture the bat and have it tested for rabies.

<http://www.mass.gov/eohhs/docs/dph/cdc/rabies/bat-capturing.pdf>

<https://www.mass.gov/service-details/bats-in-the-home>

- **Beaches:**

Good water quality is essential to having a safe and enjoyable beach visit. It is important to monitor the water quality and report any potential water quality concerns. Each year, the Environmental Toxicology Program in MDPH, Bureau of Environmental Health collects water quality information related to fresh and saltwater beaches from local health departments, as well as the Massachusetts Department of Conservation and Recreation, and compiles a summarized report on the state of the beaches water quality.

<http://www.mass.gov/eohhs/docs/dph/regs/105cmr445.pdf>

<http://www.mass.gov/eohhs/gov/departments/dph/programs/environmental-health/exposure-topics/beaches-algae/>

[https://www.cdc.gov/nceh/hsb/cwh/technical\\_hab.htm](https://www.cdc.gov/nceh/hsb/cwh/technical_hab.htm)

<https://www.epa.gov/nutrient-policy-data/cyanobacterial-harmful-algal-blooms-water>

- **Consumer Product Safety Commission Playground Handbook:**

Playgrounds have a number of potential hazards and maintaining safety is paramount to protecting children.

<https://www.mass.gov/files/documents/2016/08/oi/family-child-care-playground-safety.pdf>

<https://www.cpsc.gov/safety-education/safety-guides/playgrounds>

<https://www.cpsc.gov/s3fs-public/325.pdf>

- **DEET/Repellent:**

Products with DEET (N,N-diethyl-m-toluamide) or permethrin are recommended for protection against ticks and mosquitoes. Some repellents, such as picaridin or oil of lemon eucalyptus, have been found to provide protection against mosquitoes but have not been shown to work against ticks.

<http://www.mass.gov/eohhs/docs/dph/cdc/factsheets/s-u/tick-repellents.pdf>

<http://www.mass.gov/eohhs/docs/dph/cdc/factsheets/m-o/mosquito-repellents.pdf>

<https://blog.mass.gov/blog/health/safe-practices-for-mosquito-and-tick-bites/>

- **Extreme Heat:**

Heat related deaths and illnesses are preventable. Despite this, an average of 618 people in the United States are killed by extreme heat every year. This website provides helpful tips, information, and resources to help you stay safe in the extreme heat during the summer.

[https://www.cdc.gov/disasters/extremeheat/heat\\_guide.html](https://www.cdc.gov/disasters/extremeheat/heat_guide.html)



- **Security:**

It is important to always be vigilant and mindful of the safety and security of the recreational camp. Some practices and useful information can be extracted from other related documents like the ones listed below:

A.L.I.C.E (Active Shooter Response Training):  
A Guide for Developing High Quality School  
Emergency / Operations Plans.  
U.S. Department of Education (June 2013)

[https://rems.ed.gov/docs/REMS\\_K-12\\_Guide\\_508.pdf](https://rems.ed.gov/docs/REMS_K-12_Guide_508.pdf)

Massachusetts Task Force Report on School Safety  
and Security (July 2014)

<http://www.mass.gov/edu/docs/eoe/school-safety-security/school-safety-report.pdf>

## **References:**

- **American Camp Association-New England:**

<http://www.acanewengland.org/>

<http://www.acanewengland.org/education-training/training-and-certification>

- **Office of Public Safety and Inspections (OPSI):**

The Office of Public Safety and Inspections provides verification for licenses for challenge courses and climbing walls.

<http://www.mass.gov/ocabr/government/oca-agencies/dpl-lp/opsi/>

- **Medical or Biological Waste Regulation – 105 CMR 480.000:** Management of the medical waste generated at recreational camps is governed by 105 CMR 480.000. Any and all generators of such waste must abide by the minimum standards noted in the document. In addition, web links to the required record keeping logs are provided to document the proper storage, transportation, treatment and disposal of any waste generated.

<http://www.mass.gov/eohhs/docs/dph/regs/105cmr480.pdf>

<http://www.mass.gov/eohhs/docs/dph/environmental/sanitation/105cmr480-medical-waste-off-site-log.pdf>

<http://www.mass.gov/eohhs/gov/departments/dph/programs/environmental-health/community-sanitation/medical-waste.html>

## **For More Information**

If you would like a copy of the state regulations or additional information concerning recreational camps for children, please visit [www.mass.gov/dph/dcs](http://www.mass.gov/dph/dcs) or call the Massachusetts Department of Public Health Bureau for Environmental Health's Community Sanitation Program at 617-624-5757

Revised 2018





**Massachusetts Department of Public Health  
Community Sanitation Program  
Recreational Camp Injury Report & Notification Form**

This form is issued pursuant to 105 CMR 430.000: Minimum Standards for Recreational Camps for Children (State Sanitary Code Chapter IV) which requires a camp to submit a report of each fatality or serious injury as a result of which a camper, staff person, or volunteer is sent home, or is brought to the hospital or a physician's office and a positive diagnosis is made. (105 CMR 430.154) Injuries include, but are not limited to, suturing or resuscitation needs, broken bones, or hospital admittance.

**A copy of this report must be sent to the Massachusetts Department of Public Health and the local Board of Health within SEVEN (7) days of the occurrence of the injury.**

**This form may also be used for notification of filing a 51A Report with the Department of Children and Families (DCF) (105 CMR 430.093). If using for that purpose, please ONLY fill out questions # 1 - 6, and 22.**

**PLEASE PROVIDE A COMPREHENSIVE AND THOROUGH RESPONSE TO EACH QUESTION.**

1. Name of Camp: \_\_\_\_\_

2. Street Address (please indicate the camp's in-session, physical address):  
\_\_\_\_\_

City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Name of Camp Director: \_\_\_\_\_ 4. Telephone: \_\_\_\_\_

5. Name of Person Completing Form: \_\_\_\_\_ 6. Today's Date: \_\_\_\_\_

**If a fatality or serious injury occurred at camp, complete the following. To notify of a 51A filing ONLY, skip to Question 22:**

7. Date of Incident: \_\_\_\_\_ 8. Time of Incident: \_\_\_\_\_ ☐ AM ☐ PM

9. Number of individuals who were injured or ill: \_\_\_\_ Camper \_\_\_\_ Staff Person \_\_\_\_ Volunteer

***Note: Fill out a separate form for each injured individual***

10. a) Age of individual whose incident is described on this form: \_\_\_\_\_ b) Gender: ☐ M ☐ F

11. Where did the incident occur? ☐ On camp property ☐ Off camp property

12. Please specify the type of facility where the incident occurred:

☐ Athletic or recreational facility

☐ Pool

☐ Dorm or sleeping quarters

☐ Other water body (not pool)

☐ Motor vehicle

☐ Other, please specify: \_\_\_\_\_

13. What was the incident outcome? Please check all that apply:

☐ Injury

☐ Illness

☐ Death

14. Explain in detail how the incident occurred (e.g. the type of activity was the individual was engaged in, the initial symptoms exhibited) and describe the nature of the injury or illness. **Do not include names or other personal identifying information regarding the injured individual or other involved parties.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Report ID # (internal use only): \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Cross-reference # (internal use only): \_\_\_\_ - \_\_\_\_ - \_\_\_\_

(continued over)

Revised March 2019

**15. Type of injury or illness. Please check all that apply:**

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Allergic reaction                                 | <input type="checkbox"/> Bite or sting                | <input type="checkbox"/> Bruise or contusion                   | <input type="checkbox"/> Burn                                 |
| <input type="checkbox"/> Concussion  | <input type="checkbox"/> Cut or laceration            | <input type="checkbox"/> Drowning                              | <input type="checkbox"/> Fracture or dislocation              |
| <input type="checkbox"/> Heat or cold (e.g., heat exhaustion, hypothermia) | <input type="checkbox"/> Muscle strain                | <input type="checkbox"/> Near drowning                         | <input type="checkbox"/> Psychological or mental health issue |
| <input type="checkbox"/> Undetermined                                      | <input type="checkbox"/> Viral or bacterial infection | <input type="checkbox"/> Other, please specify in space below: |   |

**16. What body part(s) were injured? Please check all that apply:**

- ☐ Head, neck, and/or face
- ☐ Torso, please specify:
- |                                  |                               |                                |                              |
|----------------------------------|-------------------------------|--------------------------------|------------------------------|
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Back | <input type="checkbox"/> Chest | <input type="checkbox"/> Hip |
|----------------------------------|-------------------------------|--------------------------------|------------------------------|
- ☐ Upper extremity, please specify:
- |                              |                                  |                               |                                   |                                |
|------------------------------|----------------------------------|-------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Arm | <input type="checkbox"/> Fingers | <input type="checkbox"/> Hand | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Wrist |
|------------------------------|----------------------------------|-------------------------------|-----------------------------------|--------------------------------|
- ☐ Lower extremity, please specify:
- |                                |                               |                               |                               |                               |
|--------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Ankle | <input type="checkbox"/> Foot | <input type="checkbox"/> Knee | <input type="checkbox"/> Legs | <input type="checkbox"/> Toes |
|--------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
- ☐ Internal
- ☐ Other, please specify: \_\_\_\_\_

**17. Where was the individual treated? Please check all that apply:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Admitted to hospital         | <input type="checkbox"/> Off-site medical facility (e.g., emergency room, physician's or dentist's office) | <input type="checkbox"/> On-site medical facility (e.g., clinic or infirmary) |
| <input type="checkbox"/> Other, please specify: _____ |  |   |

**18. Was the individual sent home?** ☐ Yes ☐ No

**19. Did your camp change equipment, policies, or procedures as a result of this incident?** ☐ Yes ☐ No

**20. If yes, please check all that apply:**

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Activity removed or prohibited   | <input type="checkbox"/> Changes to equipment implemented | <input type="checkbox"/> New safety procedures implemented | <input type="checkbox"/> Safety education updated |
| <input type="checkbox"/> Venue changed or altered <input type="checkbox"/> Other, please specify: _____ |   |  |   |

**21. Briefly explain changes implemented as a result of this incident. If no changes were made, please explain why not.**

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**22. Did a suspected incident of child abuse or neglect occur at camp, resulting in the filing of 51A report to DCF?** ☐ YES ☐ NO  
If yes, date report sent to DCF: \_\_\_\_\_

PLEASE MAIL, FAX, OR EMAIL CAMP INJURY REPORTS TO:

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF ENVIRONMENTAL HEALTH  
COMMUNITY SANITATION PROGRAM  
250 WASHINGTON STREET-7th FLOOR  
BOSTON, MA 02108-4619  
TELEPHONE (617)-624-5757 FAX (617) 624-5777  
celestine.payne@state.ma.us